# Row 12121

Visit Number: 4dd4f27046d6e6720e4d40bd8554d33fb606ff7d9d7b03e1602bfae824633868

Masked\_PatientID: 12117

Order ID: f2c18aa9d99590ea01cc751d6811c01f438936168c9adb44cf58cdcd0783787e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/1/2020 18:17

Line Num: 1

Text: HISTORY NEWLY DIAGNOSED DISTAL TRANSVERSE COLON CANCER, TO COMPLETE STAGING OF CANCER PLANNING FOR OPERATION 1ST WEEK OF FEBRUARY TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS CT colonography dated 8 Jan 2020 was reviewed. A 0.7 x 0.5 cm ovoid ground glass nodule is noted in the middle lobe (se 201/50), a 0.7 cm mixed density pulmonary nodule is noted in the apical right lower lobe (se 201/45), and a 1.3 x 0.6 cm elongated ground glass density nodule in the posterior right lower lobe. Subsegmental atelectasis/scarring is present in both lung bases.. No pleural effusion is present. The central airways are patent. No significantly enlarged intrathoracic node is noted. Patient is status post CABG. The heart is not enlarged. No pericardial effusion is present. The thyroid is grossly unremarkable. Short segment of circumferential mural thickening at the distal transverse colon in keeping with known colonic carcinoma. Associated mild pericolic fat stranding is noted. Small volume lymph nodes within the adjacent mesentery. Small hiatal hernia. No bony destructive lesion is seen. CONCLUSION There are a few ground-glass and mixed density nodules in the right lung is noted above. Likely differential of primarly lung lesions such as inflammatory foci, AAH or early lung adenocarcinoma rather than metastasis from colonic primary. Follow-up CT chest in 3-6 months suggested to confirmpersistence. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: a6f8ec898d8068ea812132f0764542c13eb037ed50106c8da395e75f7710c832

Updated Date Time: 30/1/2020 9:04