# Row 12235

Visit Number: 59d2727ce42c0b83d9e7b8ad2b07a0e4fa05d9f17c7138359ec77f42c7a818c2

Masked\_PatientID: 12233

Order ID: 2f0fc4204b73794b345b7f081971b456e4a9cd42f6552578f4928da80b2060cc

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/12/2016 19:51

Line Num: 2

Text: le study on PACS. THORAX A 4 mm nodule in the apical segment of the right lower lobe is nonspecific (image 5/35). No suspicious mass is detected. The trachea and major bronchi are patent. No consolidation, pleural effusion or pleural nodularity is seen. The heart is enlarged. No pericardial effusion is seen. Calcification of the aortic valve is noted. There is no enlarged mediastinal lymph node. ABDOMEN & PELVIS The bowel is not dilated. Scattered uncomplicated colonicdiverticula are noted. There is no pneumoperitoneum, free intraperitoneal fluid or abscess. No focal hepatic mass is seen. Geographic subcapsular hypodensity of segment 4a/b is likely due to focal fatty infiltration. The hepatic and portal veins opacify normally. Uncomplicated gallbladder calculi are present. Mild gallbladder frontal wall thickening may be due to adenomyomatosis. Fatty atrophy of the pancreas is noted, particularly involving the head. The spleen, adrenal glands are unremarkable. Right renal upper pole cysts are present. A few other subcentimetre hypodense foci are too small to characterise. There is no contour deforming lesion of the urinary bladder or uterus. No overt adnexal mass is seen. The left common, internal and external iliac veins as well as the visualised proximal left common femoral vein are hypodense and mildly enlarged, in keeping with thrombosis. Mild fat stranding is noted in the visualised left thigh subcutaneous tissues. The right-sided iliac veins appear patent. No extension into the IVC is noted. No enlarged abdominopelvic lymph node or destructive bony lesion is seen. There is grade 1 anterolisthesis of L4 upon L5; no spondylolysis is seen. CONCLUSION Thrombosis of left common, internal and external iliac and proximal left common femoral veins. No CT evidence of a thoracic, abdominal or pelvis mass to suggest a primary malignancy. Known / Minor Jeffrey Fong Kah Keng , Senior Resident , 17005D Finalised by: <DOCTOR>

Accession Number: 1b19b8d401bec6e5f5e9aa5ca0b652d17d305585af22796f125c007a935aba8c

Updated Date Time: 23/12/2016 9:19