# Row 13198

Visit Number: 908533e00a32dab53e29bde0b4713f82e305feec77a6c2d51fe09405dd31ca70

Masked\_PatientID: 13198

Order ID: e9871b4fb8e93ce921250532c319dcdefb8d90ba65dfc55910bf7c3132b00926

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/9/2017 14:40

Line Num: 1

Text: HISTORY Iron deficiency anemia with Hb 6. Weight loss but unable to quantify. To look for possible malignacny TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS There are no prior relevant scans available for comparison. There are multiple ovoid solid nodules randomly distributed in both lungs, suspicious for metastases. The largest is abutting the right atrium and measures 3.7 x 2.1 cm (402-61). Moderately extensive mainly paraseptal emphysematous changes are seen in both lungs. Bilateral small pleural effusions with passive atelectasis. Calcified granuloma in the posterior right lower lobe. There are multiple prominent to borderline enlarged mediastinal nodes - such as subaortic, prevascular and left paratracheal stations. For example, subaortic node measures 9 mm in short axis (402-33) Calcified subcarinal node could represent priorgranulomatous disease. No significant hilar, supraclavicular or axillary adenopathy. The heart is mildly enlarged. LAD and circumflex artery stents are present. There is no pericardial effusion. The liver, gallbladder, pancreas, adrenal glands and both kidneys are unremarkable. The spleen is normal sized with multiple tiny scattered calcified granulomas. Urinary bladder distends normally. Prostate gland is mildly bulky. There is no enlarged abdominal or pelvic lymph node.The bowel loops are not dilated. The DJ flexure is not at the normal position with the duodenum coursing inferiorly after crossing in front of the aorta. The cecum is also not in the normal position at the right iliac fossa. The large bowel loops are clustered on the left of the abdomen and the small bowel loops are clustered on the right. Appearances is suggestive of intestinal nonrotation. There is no free intraperitoneal fluid. There is no destructive bony lesion. Partially imaged large heterogeneous enhancing mass in the anterior compartment of the right thigh. This could represent the primary tumour. . CONCLUSION 1. Multiple ovoid bilateral pulmonary nodules are suspicious for metastases. 2. Partially imaged large heterogeneous soft tissue mass in the anterior compartment of the right thigh could represent a primary soft tissue malignant tumour such as sarcoma. Less likely to be metastasis. Histological correlation is suggested. 3. Borderline enlarged mediastinal nodes are indeterminate. 4. Intestinal non-rotation. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 1f88e1e7e500ce713677dec8d51a60fffd6796cff2bfb3b7eb2431daf89cbdb1

Updated Date Time: 19/9/2017 15:23