# Row 13418

Visit Number: cc7d0ed6bd0005950908a46775058de50b36c99721e648479419a91dd04bc407

Masked\_PatientID: 13415

Order ID: 892c76154ca654a2a0208307207581ad7fb607fd7d3af5518545097a4eab40d8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/1/2019 14:40

Line Num: 1

Text: HISTORY post nephroureterectomy for upper tract TCC, surveillance TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Prior MRI dated 1 October 2018 and CT studies dated 26 and 19 September 2018 were noted. THORAX Mild bilateral apical paraseptal emphysema is present. Stable bilateral scattered tiny pulmonary nodules are noted, for example, in the left upper lobe (05-24, 42) left lower lobe (05-47), middle lobe (fissural, 05-53), non-soecific. Mild scarring is noted in the middle lobe and inferior lingula. The central airways are patent. There is no pleural effusion. Tiny thyroid hypodensities are nonspecific. Nosignificantly enlarged supraclavicular, axillary, mediastinal, hilar lymph node is seen. The mediastinal vessels opacify normally. The heart is not enlarged. No pericardial effusion. ABDOMEN AND PELVIS The patient is status post left nephroureterectomy. Surgical clips are noted at the postoperative site. Mild nodularity adjacent to the clips is presumably postsurgical change (08-33). No gross enhancing mass lesion is seen to suggest frank local recurrence. A couple of cysts are noted in the right kidney. No suspicious right renal mass is seen. No hydronephrosis or perinephric collection. The urinary bladder is partly distended, limiting assessment. The prostate is enlarged and indents the urinary bladder base. Known hepatic segment VII haemangioma (08-12). Small cysts are noted in both lobes of the liver. The hepatic and portal veins opacify normally. There is no biliary dilatation or radiodense gallstone. The spleen, pancreas and the right adrenal gland are unremarkable. The left adrenal is not well visualised. The small and large bowel loops are of normal calibre. No significantly enlarged intra-abdominal pelvic lymph node is seen. No ascites. No destructive bony process. CONCLUSION Status post left nephroureterectomy. Mild nodularity adjacent to the clips is presumably postsurgical change. Attention on follow is suggested. No CT evidence of pulmonary metastasis. May need further action Reported by: <DOCTOR>

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