# Row 13605

Visit Number: d1dc26955bbd97166ece51783f939fa6f80971ad6706d0541058fdcf1e5ac5f8

Masked\_PatientID: 13595

Order ID: ff0ad0a3dd21c2da4a9e1477f5d06785f1470a8e47454f08a05dc3ed565b8644

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/10/2019 17:16

Line Num: 1

Text: HISTORY Pulmonary nodules seen on CXR, surgery 3 years ago for gastric ca, now has fever, night sweats TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is madewith previous CT abdomen and pelvis dated 28/05/2016 and CT thorax, abdomen and pelvis dated 23/09/2015. Thorax: There are extensive but patchy ill-defined ground-glass opacifications in the right lung. Small foci of consolidations are alsonoted in the posterior right upper and lower lobes. These are most likely to represent infective changes. The left lung is unremarkable other than some dependent change. No suspicious pulmonary mass lesion is detected. The central airways are clear. No significantly enlarged hilar, mediastinal or suprahilar lymph node is seen. The heart size is within normal limits. Moderate atherosclerotic calcifications are present in the coronary arteries and thoracic aorta. There is no pericardial effusion. Sliver of pleural effusions are noted bilaterally. A small subcentimetre hypodense lesion in the right lobe of thyroid gland is nonspecific but is smaller than previously. Abdomen and pelvis: Status post total gastrectomy and oesophagojejunostomy noted. No obvious mass is seen at the anastomotic site. No significantly enlarged loco-regional lymph node is seen. Rest of the bowel loops are normal in calibre. No peritoneal thickening or free fluid is seen. No focal suspicious hepatic lesion is seen. The biliary tree is not dilated. Prior cholecystectomy noted. The portal and splenic veins show normal opacification. The adrenal glands, pancreas and spleen are unremarkable. Several hypodense lesions are seen in both kidneys, the larger ones are likely cysts while the smaller subcentimetre hypodensities are too small to characterise. Mild scarring is noted in the left upper pole. The kidneys otherwise enhance symmetrically. The prostate is enlarged indenting the bladder base. Trabeculated appearance of the urinary bladder wall with a small wide necked diverticulum in the anterior wall is noted. There are atheromatous changes along the abdominal aorta and ileofemoral arteries. Superior endplate depression with sclerotic margin at T11 vertebra is likely to represents Schmorl's node. No focal destructive bony lesion is detected elsewhere. CONCLUSION Patchy ill-defined ground-glass opacities and small foci of consolidations in the right lung are likely to represent infective changes. Follow-up with chest radiograph after appropriate treatment to ensure resolution is recommended. Sliver of bilateral pleural effusions are present. Status post total gastrectomy.No obvious mass at the oesophagojejunostomy anastomotic site or significantly enlarged loco-regional lymph node detected. The prostate is enlarged indenting the bladder base. Mildly trabeculated appearance of the urinary bladder with a diverticulum in the anterior wall is noted. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 5bc17a70fa28521cfcd6116d78577ca82744b8b7a151f1902db987842a60e30f

Updated Date Time: 21/10/2019 18:57