# Row 13598

Visit Number: f0ea1e6f1c6809a39f6911450350bfebfa3dfc740655be42c6f68f24fe5f9295

Masked\_PatientID: 13595

Order ID: c97f58a40d393703854fbad02cef6408c2dcb5b0a58cf438a4efc478eed7a658

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/9/2015 16:22

Line Num: 1

Text: HISTORY intractable hiccups for investigation - to rule out GI causes newly dx gastric adenoCa on OGD TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The prior CT chest of 28/03/2005 and CT abdomen of 01/06/2006 were reviewed. THORAX: A 2cm hyodense nodule is seen in right thyroid lobe. No suspicious pulmonary nodules or masses are evident. There is no evidence of consolidation. Mild dependent changes are seen in both lungs. The central airways are largely patent. No significantly enlarged mediastinal or hilar lymph nodes are seen. There is no pleural or pericardial effusion. ABDOMEN AND PELVIS: Abnormal soft tissue thickening within the distal stomach likely represents the known gastric tumour. A few subcentimeter perigastric lymph nodes are seen. No focal liver lesion is detected. A few subcentimeter gallstones are again seen. There is no evidence of acute cholecystitis or biliary dilatation. A couple of small calcific foci are seen in the distal body and tail of pancreas. The main pancreatic duct is not dilated. The spleen and right adrenal are unremarkable. Mildly bulky appearance of left adrenal, with no discrete lesion evident. Bilateral renal hypodensities are seen, the largest at left renal upper pole (2.2cm) representing a low-density cyst. The majority of the hypodensities are subcentimeter in size, too small to characterise. The bowel loops are not dilated. No significantly enlarged para-aortic or pelvic lymphnodes. Urinary bladder demonstrates mild diffuse wall thickening. The prostate is enlarged (6.4 x 5.5cm), with a few coarse calcifications. No destructive bony lesion is detected. CONCLUSION 1. Abnormal soft tissue thickening within the distal stomach likely represents the known gastric tumour. A few small volume perigastric nodes. 2. No definite evidence of distant metastasis. 3. The nodule in the right thyroid lobe would be better evaluated on ultrasound. 4. Prostatomegaly. May need further action Uppaluri Srinivas Anandswaroop , Associate Consultant , 14247F Finalised by: <DOCTOR>

Accession Number: 2b1d06f582ae2f0c7e62ca70ad525510711371504040647e53a32a7be4489c01

Updated Date Time: 25/9/2015 12:41