# Row 1540

Visit Number: 99bafaa5923a302ca2db4d173e0278d7c5057bd2feab1eadf9a5ac4b1c4707c7

Masked\_PatientID: 1533

Order ID: c9b84de7f6a3a538afc747e6ca038eaa99a5b59eadfc7e66bfcb69c9c487f575

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/11/2020 11:21

Line Num: 1

Text: HISTORY CA Retum s/p ULAR and DI 2016 for surveilance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT thorax, abdomen and pelvis dated 9 November 2018. THORAX No suspicious pulmonary nodule or focal consolidation is detected. The tiny 3 mm pulmonary nodule in the right upper lobe is stable and is nonspecific (6-28). Bilateral scarring/atelectasis remain largely stable. The central airways are patent. No pleural effusion. The heart is enlarged. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. ABDOMEN AND PELVIS Status post low anterior resection. The anastomotic site appears unremarkable with no suspicious enhancing mass to suggest local tumour recurrence. An ileostomy is seen over the right iliac fossa. The rest of the bowel loops are normal in calibre. No gross colonic mass or stenotic lesion is seen. Few uncomplicated descending colonic diverticula. The appendix is unremarkable. Diffuse hepatic steatosis. No suspicious focal hepatic lesion is seen. A stable 6 mm hypodensity in segment 2/3 is too small to characterise. Uncomplicated cholelithiasis with no biliary dilatation. The spleen, pancreas and both adrenal glands are unremarkable. Both kidneys enhance symmetrically. Both kidneys demonstrate a lobulated contour, probably due to cortical scarring. No hydronephrosis. The urinary bladder is unremarkable. Absence of the uterus is probably related to prior hysterectomy. No suspicious adnexal mass. No enlarged intra-abdominal or pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION Status post low anterior resection with no evidence of local tumour recurrence. No evidence of distant metastasis in the thorax, abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: d234d9b0af9dbef2590ff9ed10cab7f880cdc614d84698c0b07a89d32704cfa1

Updated Date Time: 14/11/2020 13:12

## Layman Explanation

This radiology report discusses HISTORY CA Retum s/p ULAR and DI 2016 for surveilance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT thorax, abdomen and pelvis dated 9 November 2018. THORAX No suspicious pulmonary nodule or focal consolidation is detected. The tiny 3 mm pulmonary nodule in the right upper lobe is stable and is nonspecific (6-28). Bilateral scarring/atelectasis remain largely stable. The central airways are patent. No pleural effusion. The heart is enlarged. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. ABDOMEN AND PELVIS Status post low anterior resection. The anastomotic site appears unremarkable with no suspicious enhancing mass to suggest local tumour recurrence. An ileostomy is seen over the right iliac fossa. The rest of the bowel loops are normal in calibre. No gross colonic mass or stenotic lesion is seen. Few uncomplicated descending colonic diverticula. The appendix is unremarkable. Diffuse hepatic steatosis. No suspicious focal hepatic lesion is seen. A stable 6 mm hypodensity in segment 2/3 is too small to characterise. Uncomplicated cholelithiasis with no biliary dilatation. The spleen, pancreas and both adrenal glands are unremarkable. Both kidneys enhance symmetrically. Both kidneys demonstrate a lobulated contour, probably due to cortical scarring. No hydronephrosis. The urinary bladder is unremarkable. Absence of the uterus is probably related to prior hysterectomy. No suspicious adnexal mass. No enlarged intra-abdominal or pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION Status post low anterior resection with no evidence of local tumour recurrence. No evidence of distant metastasis in the thorax, abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.