# Row 1554

Visit Number: d798ea1c07c0ab68b151e2282f19224e13ee27a2c786ff4035b67ff22b0edc04

Masked\_PatientID: 1541

Order ID: f04c05b463f359a55fecf39bf8aecd75fd8fcaaf54a308dfb9bede9bf9cfa626

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/2/2018 10:09

Line Num: 1

Text: HISTORY Dukes B rectal cancer sp APR; surveillance of lung nodule; ? parastomal hernia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with previous CT examination dated 01/08/2017. Status post abdomino-perineal resection noted. Mild soft tissue thickening is again seen in the perineum and presacral region although slightly smaller than previously, likely attributed to postsurgical changes. Left-sided end colostomy is noted. There is a small stable parastomal fat containing hernia (image 6-52). The remnant colon shows no gross abnormality. The small bowel loops are normal in calibre. No enlarged abdominal or pelvic node is detected. No peritoneal thickening or free fluid is seen. Multiple well-defined hypodense lesions are again seen in the left lobe of liver; these are largely stable probably representing cysts. No new focal suspicious hepatic lesion is identified. The extrahepatic biliary ducts are mildly prominent as before with the CBD measuring up to 9 mm in diameter. The gallbladder, adrenal glands, pancreas and spleen are unremarkable. Stable hypodense lesions are again identified in both kidneys, likely representing cysts. Mild scarring in the left kidney noted. The urinary bladder is not adequately distended for further evaluation. The prostate is not enlarged. The 3 mm nodule in the right lung apex is largely stable (image 4-12). Atelectatic changes are noted in the inferior lingula and right lower lobe. The left lower lobar and segmental bronchi are occluded possibly due to mucus secretion with distal atelectatic changes. The heart is enlarged.Midline sternotomy and previous aortic valve replacement noted. Borderline enlarged subcarinal node measuring 1.1 cm in short axis is unchanged. A small incisional fat containing hernia is noted at the midline of the lower anterior abdominal wall (image 6-92). No focal destructive bony lesion detected. CONCLUSION Status post abdomino-perineal resection with no overt evidence to suggest local recurrence or metastasis. Left-sided colostomy with a small fat containing parastomal hernia. Smaller fat containing incisional hernia is also noted in the lower anterior abdominal wall. Tiny 3 mm lung nodule in the right apex is stable. Borderline enlarged subcarinal node is also stable. Occlusion of the left lower lobe segmental bronchi is possibly due to mucus secretions with distal atelectasis; suggest further correlation. Known / Minor Finalised by: <DOCTOR>

Accession Number: c48c55166fd77af1ebf36ac9a734dfb732814c9e5f8e54ecbf63fa5708cd8b92

Updated Date Time: 15/2/2018 16:06

## Layman Explanation

This radiology report discusses HISTORY Dukes B rectal cancer sp APR; surveillance of lung nodule; ? parastomal hernia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with previous CT examination dated 01/08/2017. Status post abdomino-perineal resection noted. Mild soft tissue thickening is again seen in the perineum and presacral region although slightly smaller than previously, likely attributed to postsurgical changes. Left-sided end colostomy is noted. There is a small stable parastomal fat containing hernia (image 6-52). The remnant colon shows no gross abnormality. The small bowel loops are normal in calibre. No enlarged abdominal or pelvic node is detected. No peritoneal thickening or free fluid is seen. Multiple well-defined hypodense lesions are again seen in the left lobe of liver; these are largely stable probably representing cysts. No new focal suspicious hepatic lesion is identified. The extrahepatic biliary ducts are mildly prominent as before with the CBD measuring up to 9 mm in diameter. The gallbladder, adrenal glands, pancreas and spleen are unremarkable. Stable hypodense lesions are again identified in both kidneys, likely representing cysts. Mild scarring in the left kidney noted. The urinary bladder is not adequately distended for further evaluation. The prostate is not enlarged. The 3 mm nodule in the right lung apex is largely stable (image 4-12). Atelectatic changes are noted in the inferior lingula and right lower lobe. The left lower lobar and segmental bronchi are occluded possibly due to mucus secretion with distal atelectatic changes. The heart is enlarged.Midline sternotomy and previous aortic valve replacement noted. Borderline enlarged subcarinal node measuring 1.1 cm in short axis is unchanged. A small incisional fat containing hernia is noted at the midline of the lower anterior abdominal wall (image 6-92). No focal destructive bony lesion detected. CONCLUSION Status post abdomino-perineal resection with no overt evidence to suggest local recurrence or metastasis. Left-sided colostomy with a small fat containing parastomal hernia. Smaller fat containing incisional hernia is also noted in the lower anterior abdominal wall. Tiny 3 mm lung nodule in the right apex is stable. Borderline enlarged subcarinal node is also stable. Occlusion of the left lower lobe segmental bronchi is possibly due to mucus secretions with distal atelectasis; suggest further correlation. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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