# Row 1585

Visit Number: b800aeecf56f090defa90cd910ce889e9308526b082742c35e30e5e28ae25c3b

Masked\_PatientID: 1574

Order ID: 273b47870f6a5ca1a0d0c9e8c6cd7304bce4116f38e42a8da390479e81b0349b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/1/2017 15:01

Line Num: 1

Text: HISTORY LOW, change in BO. u/s HBS - ? 2 lesions in liver Hep B carrier TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 Positive Rectal Contrast given FINDINGS Nosuspicious pulmonary nodule or consolidation is detected. There is no pleural or pericardial effusion. No significantly enlarged supraclavicular, mediastinal or hilar lymph node is seen. Of note, there are multiple enlarged lymph nodes in the upper abdomen in the retrocaval, para-aortic, aortocaval and retrocaval region, as well as pericoeliac, common hepatic, peri-SMA, splenic and left anterior abdominal region. For example, the left para-aortic adenopathy measures about 3.9 x 2.2 cm (image 27/43) while the retrocrural adenopathy 5.3 x 1.6 cm collectively (image is 27/24). Some of these show hypodense centre, suspicious for necrosis. Findings are suspicious for lymphoma with differentials being metastatic adenopathy.The pancreas is displaced anteriorly and otherwise shows normal homogeneous enhancement. The spleen however shows multiple ill-defined hypodense lesions, the largest measuring about 3.8 x 3.4 cm (image 27/29). The spleen itself is not significantly enlarged, measuring about 11.5 cm in craniocaudal dimension. The lesions are of indeterminate nature, probably part of the lymphoproliferative disease. The liver shows no obvious mass. The hepatic vessels are patent. The gallbladderis not seen, in keeping with prior cholecystectomy. Stable mild prominence of the biliary ducts are likely physiological. The adrenal glands and kidneys are unremarkable, save for bilateral renal hypodensities, likely cysts. The bowel loops show multiple uncomplicated diverticula in the rectosigmoid colon. No obvious eccentric mass is detected. There is mild low-density ascites in the pelvis. The suboptimally distended urinary bladder is grossly unremarkable. The prostate gland is not enlarged. Focal fluid is noted around the right anterior thigh muscle, probably within bursa (images 27/108 and 122). CONCLUSION 1. Multiple enlarged lymph nodes in the upper abdomen mesenteric and retroperitoneal region, raising the suspicion of lymphoma. Metastatic adenopathy is deemed to be a less likely differential. Some of the nodes appear necrotic. 2. Multiple hypodense lesions in the spleen, probably related to (1)/lymphoproliferative disease. 3. Uncomplicated rectosigmoid colonic diverticula. 4. Bilateral renal cysts. 5. No suspicious pulmonary finding detected. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 56b8de13e164fec1380f9c12fa30fbf166068698bc54f2091aac95c1465bea0d

Updated Date Time: 23/1/2017 10:15

## Layman Explanation

This radiology report discusses HISTORY LOW, change in BO. u/s HBS - ? 2 lesions in liver Hep B carrier TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 Positive Rectal Contrast given FINDINGS Nosuspicious pulmonary nodule or consolidation is detected. There is no pleural or pericardial effusion. No significantly enlarged supraclavicular, mediastinal or hilar lymph node is seen. Of note, there are multiple enlarged lymph nodes in the upper abdomen in the retrocaval, para-aortic, aortocaval and retrocaval region, as well as pericoeliac, common hepatic, peri-SMA, splenic and left anterior abdominal region. For example, the left para-aortic adenopathy measures about 3.9 x 2.2 cm (image 27/43) while the retrocrural adenopathy 5.3 x 1.6 cm collectively (image is 27/24). Some of these show hypodense centre, suspicious for necrosis. Findings are suspicious for lymphoma with differentials being metastatic adenopathy.The pancreas is displaced anteriorly and otherwise shows normal homogeneous enhancement. The spleen however shows multiple ill-defined hypodense lesions, the largest measuring about 3.8 x 3.4 cm (image 27/29). The spleen itself is not significantly enlarged, measuring about 11.5 cm in craniocaudal dimension. The lesions are of indeterminate nature, probably part of the lymphoproliferative disease. The liver shows no obvious mass. The hepatic vessels are patent. The gallbladderis not seen, in keeping with prior cholecystectomy. Stable mild prominence of the biliary ducts are likely physiological. The adrenal glands and kidneys are unremarkable, save for bilateral renal hypodensities, likely cysts. The bowel loops show multiple uncomplicated diverticula in the rectosigmoid colon. No obvious eccentric mass is detected. There is mild low-density ascites in the pelvis. The suboptimally distended urinary bladder is grossly unremarkable. The prostate gland is not enlarged. Focal fluid is noted around the right anterior thigh muscle, probably within bursa (images 27/108 and 122). CONCLUSION 1. Multiple enlarged lymph nodes in the upper abdomen mesenteric and retroperitoneal region, raising the suspicion of lymphoma. Metastatic adenopathy is deemed to be a less likely differential. Some of the nodes appear necrotic. 2. Multiple hypodense lesions in the spleen, probably related to (1)/lymphoproliferative disease. 3. Uncomplicated rectosigmoid colonic diverticula. 4. Bilateral renal cysts. 5. No suspicious pulmonary finding detected. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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