# Row 2201

Visit Number: 7d8f01e9f81a950501ce14b17c63f660470ec47de3fb7caf0430c6fbbebfddbc

Masked\_PatientID: 2195

Order ID: 7536b5ac5f24e26f720bbbd47861eca0162550284fb3c3da53317df35e8e2fe2

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/12/2020 9:02

Line Num: 1

Text: HISTORY PMH: AIDP, admitted with SOB. CXR on admission shows lesions suspicious for metastases. CT TAP to further investigate. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There are multiple sclerotic bony lesions , involving the vertebral column, multiple ribs, left scapula, sternum and bony pelvis. These would account for the 30/11/2020 chest radiograph findings. THORAX CT from 11/06/2019 was reviewed. There is focal scarring at the left lung apex, unchanged from 11/06 19 CT (8/37). Interim resolution of the previously seen ground-glass changes in the lungs. There is no new pulmonary nodules. No consolidation or ground glass opacities areseen. There is no pleural effusion. The major airways are patent. Stable nonspecific 6 mm prevascular nodule (5/45). No significant lymphadenopathy is seen. There is no cardiomegaly or pericardial effusion. ABDOMEN PELVIS CT from 17/06/2019 was reviewed. The prostate gland is bulky and heterogeneous in appearance, appearing relatively more hypodense at the left peripheral zone. The evaluation is advised. No significantly enlarged lymph node is identified. Calcified granuloma in hepatic segment VI. Previously reported arteriovenous shunt is not seen on this portal venous phase scan. No suspicious appearing hepatic lesion. Patent hepatic and portal veins. The spleen, pancreas, adrenal glands are unremarkable. Mild gallbladder wall thickening is nonspecific. There is no biliary ductal dilatation.. Mild focal parenchymal scarring in the left renal midpole is stable. No suspicious renal mass or hydronephrosis. The urinary bladder is not well distended for assessment. There is no ascites, pneumoperitoneum or intra-abdominal collection. The bowel is normal in calibre. There are atherosclerotic changes in the aortoiliac vessels. Previous right psoas lesion has resolved. CONCLUSIONNumerous sclerotic bony lesions are suspicious for sclerotic bony metastases. One consideration is metastases from primary prostatic malignancy. The prostate gland is heterogeneous in appearance, slightly more hypodense at the left peripheral zone. Suggest correlation with PSA levels and clinical examination. No significant lymphadenopathy. Other findings as reported above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: a3ab0b51c79b436b03155b2971435e2349e07433903a830139d9ac2a125fee97

Updated Date Time: 01/12/2020 10:23

## Layman Explanation

This radiology report discusses HISTORY PMH: AIDP, admitted with SOB. CXR on admission shows lesions suspicious for metastases. CT TAP to further investigate. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There are multiple sclerotic bony lesions , involving the vertebral column, multiple ribs, left scapula, sternum and bony pelvis. These would account for the 30/11/2020 chest radiograph findings. THORAX CT from 11/06/2019 was reviewed. There is focal scarring at the left lung apex, unchanged from 11/06 19 CT (8/37). Interim resolution of the previously seen ground-glass changes in the lungs. There is no new pulmonary nodules. No consolidation or ground glass opacities areseen. There is no pleural effusion. The major airways are patent. Stable nonspecific 6 mm prevascular nodule (5/45). No significant lymphadenopathy is seen. There is no cardiomegaly or pericardial effusion. ABDOMEN PELVIS CT from 17/06/2019 was reviewed. The prostate gland is bulky and heterogeneous in appearance, appearing relatively more hypodense at the left peripheral zone. The evaluation is advised. No significantly enlarged lymph node is identified. Calcified granuloma in hepatic segment VI. Previously reported arteriovenous shunt is not seen on this portal venous phase scan. No suspicious appearing hepatic lesion. Patent hepatic and portal veins. The spleen, pancreas, adrenal glands are unremarkable. Mild gallbladder wall thickening is nonspecific. There is no biliary ductal dilatation.. Mild focal parenchymal scarring in the left renal midpole is stable. No suspicious renal mass or hydronephrosis. The urinary bladder is not well distended for assessment. There is no ascites, pneumoperitoneum or intra-abdominal collection. The bowel is normal in calibre. There are atherosclerotic changes in the aortoiliac vessels. Previous right psoas lesion has resolved. CONCLUSIONNumerous sclerotic bony lesions are suspicious for sclerotic bony metastases. One consideration is metastases from primary prostatic malignancy. The prostate gland is heterogeneous in appearance, slightly more hypodense at the left peripheral zone. Suggest correlation with PSA levels and clinical examination. No significant lymphadenopathy. Other findings as reported above. Report Indicator: 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.