# Row 2353

Visit Number: 4b3512a34c9ba507ed9654547bbe742ecf61262d98721a7de115dd578ce1c090

Masked\_PatientID: 2352

Order ID: 61aa38d7d5b465ff93fccbf2998b65d19cf4e2f0a07819e0356b06418ba1b483

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/6/2019 13:55

Line Num: 1

Text: HISTORY restaging scan for high grade bladder ca TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis. No intravenous contrast medium administered. Positive Oral Contrast given. FINDINGS Comparison made with the CT thorax of 9 April 2019 and CT urogram of 8 April 2019 (both from Sengkang General Hospital). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is coronary artery atherosclerosis with mild cardiomegaly. No pericardial effusion is seen. There is a stable 3 mm nodule in the left lower lobe lateral basal segment (203-63). No pulmonary mass or consolidation is seen. No pleural effusion is detected. No gross contour deforming hepatic mass is identified. There is uncomplicated cholelithiasis. The spleen, pancreas and adrenal glands appear unremarkable. Bowel calibre and distribution are within normal limits. There is stable bilateral moderate hydroureteronephrosis secondary to irregular urinary bladder wall thickening mainly affecting the lateral and posterior walls. There is increased tumour extension into the perivesical fat, especially on the left (202-170 vs prior 2-85). Perivesical fat stranding has also increased. The prostate gland is normal in size. The previously noted left external iliac lymph node is larger, now 1.5 cm in short axis compared to 1.0 cm previously (202-161 vs prior 2-78). No significantly enlarged para-aortic lymph node is detected. No ascites or loculated intra-abdominal collection is detected. There is a new lytic lesion in the right pubic bone (202-187). A few other scattered new sclerotic foci are seen in the spine and left iliac bone. CONCLUSION Since April 2019: 1. Irregular urinary bladder wall thickening with increased perivesical tumour extension on the left. 2. Interval enlargement of the left external iliac lymph node, likely from tumour spread. 3. New lytic and sclerotic bone lesions, suspiciousfor metastases. 4. Stable non-specific left lower lobe lung nodule. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 56ffa1494f7a561addc820e1a5b1600e166c11b8c7b29592af077a507287a16a

Updated Date Time: 27/6/2019 14:46

## Layman Explanation

This radiology report discusses HISTORY restaging scan for high grade bladder ca TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis. No intravenous contrast medium administered. Positive Oral Contrast given. FINDINGS Comparison made with the CT thorax of 9 April 2019 and CT urogram of 8 April 2019 (both from Sengkang General Hospital). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is coronary artery atherosclerosis with mild cardiomegaly. No pericardial effusion is seen. There is a stable 3 mm nodule in the left lower lobe lateral basal segment (203-63). No pulmonary mass or consolidation is seen. No pleural effusion is detected. No gross contour deforming hepatic mass is identified. There is uncomplicated cholelithiasis. The spleen, pancreas and adrenal glands appear unremarkable. Bowel calibre and distribution are within normal limits. There is stable bilateral moderate hydroureteronephrosis secondary to irregular urinary bladder wall thickening mainly affecting the lateral and posterior walls. There is increased tumour extension into the perivesical fat, especially on the left (202-170 vs prior 2-85). Perivesical fat stranding has also increased. The prostate gland is normal in size. The previously noted left external iliac lymph node is larger, now 1.5 cm in short axis compared to 1.0 cm previously (202-161 vs prior 2-78). No significantly enlarged para-aortic lymph node is detected. No ascites or loculated intra-abdominal collection is detected. There is a new lytic lesion in the right pubic bone (202-187). A few other scattered new sclerotic foci are seen in the spine and left iliac bone. CONCLUSION Since April 2019: 1. Irregular urinary bladder wall thickening with increased perivesical tumour extension on the left. 2. Interval enlargement of the left external iliac lymph node, likely from tumour spread. 3. New lytic and sclerotic bone lesions, suspiciousfor metastases. 4. Stable non-specific left lower lobe lung nodule. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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