# Row 2679

Visit Number: ec7ae4160c3598fed449f16b06eff949e3b427758a2112d19f11e0d59bed9d2d

Masked\_PatientID: 2676

Order ID: 7ba10e13cbb7f6229b51c57050b35477ba0bad2f0bb886b1710d3fdf1d0085cb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/10/2019 13:44

Line Num: 1

Text: HISTORY to follow up on the middle lobe nodeule and retroperitoneal LN noted on ct colon in 2018; Ct colon: Small polyps in the gastric body measuring up to 6 mm. Prominent to borderline enlarged retroperitoneal lymph nodes are indeterminate. Small 6 mm nodule in the middle lobe. TECHNIQUE Unenhanced CT images of the thorax, abdomen and pelvis are obtained in view of the patient¿s renal impairment, which limits the assessment of the visceral organs and vascular structures. Intravenous contrast: Positive Oral and Rectal Contrast FINDINGS Comparison is made with the prior CT dated 7 May 2018. THORAX No suspicious pulmonary nodule or focal consolidation is detected. A 0.6 cm nonspecific pulmonary nodule in the middle lobe remains stable. A few other nonspecific subcentimetre pulmonary nodules are seen in both lungs, in the superior segment of the right upper lobe (0.5 cm, 4-19), superior segment of the left upper lobe (0.6 cm, 4-27) and in the anterior segment of the left upper lobe (0.3 cm, 4-44, 0.7 cm ground-glass nodule, 4-50). Patchy scarring is seen in bilateral upper lobes. The central airways are patent. No pleural effusion. Small volume calcified right upper and lower paratracheal, subcarinal and bilateral hilar lymph nodes are seen, in keeping with previous healed granulomatous infection. Status post CABG. The heart is normal in size. No pericardial effusion. Nonspecific hypodense nodule in the left thyroid lobe and calcific focus in the right thyroid lobe. ABDOMEN AND PELVIS The stomach is partially distended. The small 6 mm polyp demonstrated on the prior study is not well visualised on the current study. The rest of the bowel loops are normal in calibre. The appendix is unremarkable. No contour deforming hepatic mass is seen. The unenhanced sections of the spleen, gallbladder, pancreas and both adrenal glands are unremarkable. No contour deforming renal mass is seen on either side. No radiodense urinary calculus or hydronephrosis. The urinary bladder is unremarkable. Prostate is not overtly enlarged. Stable prominent retrocaval, aortocaval and periaortic lymph nodes. No significantly enlarged pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION No suspicious pulmonary nodule or focal consolidation is seen. The stomach is partially distended. The subcentimetre polyp demonstrated on the prior study is not well visualised on the current study. Stable prominent retroperitoneal lymph nodes. No new or significantly enlarged intra-abdominal or pelvic lymph node is seen. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: f1b2370d92c0614ff7c69b41df5aab1e2cb61c05adae2430f08e912b75afc0dc

Updated Date Time: 24/10/2019 16:58

## Layman Explanation

This radiology report discusses HISTORY to follow up on the middle lobe nodeule and retroperitoneal LN noted on ct colon in 2018; Ct colon: Small polyps in the gastric body measuring up to 6 mm. Prominent to borderline enlarged retroperitoneal lymph nodes are indeterminate. Small 6 mm nodule in the middle lobe. TECHNIQUE Unenhanced CT images of the thorax, abdomen and pelvis are obtained in view of the patient¿s renal impairment, which limits the assessment of the visceral organs and vascular structures. Intravenous contrast: Positive Oral and Rectal Contrast FINDINGS Comparison is made with the prior CT dated 7 May 2018. THORAX No suspicious pulmonary nodule or focal consolidation is detected. A 0.6 cm nonspecific pulmonary nodule in the middle lobe remains stable. A few other nonspecific subcentimetre pulmonary nodules are seen in both lungs, in the superior segment of the right upper lobe (0.5 cm, 4-19), superior segment of the left upper lobe (0.6 cm, 4-27) and in the anterior segment of the left upper lobe (0.3 cm, 4-44, 0.7 cm ground-glass nodule, 4-50). Patchy scarring is seen in bilateral upper lobes. The central airways are patent. No pleural effusion. Small volume calcified right upper and lower paratracheal, subcarinal and bilateral hilar lymph nodes are seen, in keeping with previous healed granulomatous infection. Status post CABG. The heart is normal in size. No pericardial effusion. Nonspecific hypodense nodule in the left thyroid lobe and calcific focus in the right thyroid lobe. ABDOMEN AND PELVIS The stomach is partially distended. The small 6 mm polyp demonstrated on the prior study is not well visualised on the current study. The rest of the bowel loops are normal in calibre. The appendix is unremarkable. No contour deforming hepatic mass is seen. The unenhanced sections of the spleen, gallbladder, pancreas and both adrenal glands are unremarkable. No contour deforming renal mass is seen on either side. No radiodense urinary calculus or hydronephrosis. The urinary bladder is unremarkable. Prostate is not overtly enlarged. Stable prominent retrocaval, aortocaval and periaortic lymph nodes. No significantly enlarged pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION No suspicious pulmonary nodule or focal consolidation is seen. The stomach is partially distended. The subcentimetre polyp demonstrated on the prior study is not well visualised on the current study. Stable prominent retroperitoneal lymph nodes. No new or significantly enlarged intra-abdominal or pelvic lymph node is seen. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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