# Row 3210

Visit Number: 55684edfdb04c6d594f3d110a502cf16fd35a24da048460fa2b5279d0eba8a02

Masked\_PatientID: 3209

Order ID: 2f61358e4b8eacf48f598fcd1ef69955d500496cb43ad61b08df25e0ce976596

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/11/2019 19:35

Line Num: 1

Text: HISTORY elderly TTP. TRO underlying malignancy as a cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Note is made of the prior radiograph of 10 November 2019. No previous comparison study. Motion and breathing artefacts have degraded study. Chest No suspicious pulmonary mass, nodule or consolidation is seen. Atelectasis and dependent changes in both lungs are noted. No pleural effusion. Major airways are patent. No enlarged mediastinal, hilar or axillary lymph node. Heart is enlarged. No significant pericardial effusion. There is low density fluid in the superior pericardial recess and along the descending thoracic aorta. Atherosclerotic calcifications along the coronary arteries are noted. Midline sternotomy wires are noted. Abdomen Pelvis No suspicious hepatic mass. Portal veins are patent. Uncomplicated cholelithiasis. No biliary ductal dilatation. Spleen, bilateral adrenal glands and pancreas are unremarkable. Both kidneys enhance symmetrically. Bilateral renal cysts, largest in the left renal upper pole measuring up to 2.0cm. No suspicious renal mass or hydronephrosis. The prostate is enlarged with foci of calcification within. The enlarged prostate is inseparable from the urinary bladder base. The urinary bladder has been displaced superiorly by the enlarged prostate. Urinary bladder is under distended with a urinary catheter in-situ, limiting its assessment. No dilated bowel loop. Scattered uncomplicated colonic diverticula. No enlarged abdominal or pelvic lymph node is seen. No pneumoperitoneum or ascites. Left femoral venous vascular catheter is seen with its tip sited at the inferiorvena cava just above the confluence of the common iliac veins. No destructive bone lesion is seen. There appears to be incomplete segmentation of the T3 and T4 vertebrae. Background degenerative changes of the spine noted. CONCLUSION 1. Prostatomegaly may be related to known benign prostate hyperplasia. Correlation with serum PSA levels is suggested. 2. No suspicious lesion is otherwise seen in the thorax, abdomen and pelvis. 3. Other minor findings are as described above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: f7368d310482eaa0749581702dd05d830d46340fffbeca9cf1df9e2a9ef6ed9a

Updated Date Time: 13/11/2019 12:32

## Layman Explanation

This radiology report discusses HISTORY elderly TTP. TRO underlying malignancy as a cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Note is made of the prior radiograph of 10 November 2019. No previous comparison study. Motion and breathing artefacts have degraded study. Chest No suspicious pulmonary mass, nodule or consolidation is seen. Atelectasis and dependent changes in both lungs are noted. No pleural effusion. Major airways are patent. No enlarged mediastinal, hilar or axillary lymph node. Heart is enlarged. No significant pericardial effusion. There is low density fluid in the superior pericardial recess and along the descending thoracic aorta. Atherosclerotic calcifications along the coronary arteries are noted. Midline sternotomy wires are noted. Abdomen Pelvis No suspicious hepatic mass. Portal veins are patent. Uncomplicated cholelithiasis. No biliary ductal dilatation. Spleen, bilateral adrenal glands and pancreas are unremarkable. Both kidneys enhance symmetrically. Bilateral renal cysts, largest in the left renal upper pole measuring up to 2.0cm. No suspicious renal mass or hydronephrosis. The prostate is enlarged with foci of calcification within. The enlarged prostate is inseparable from the urinary bladder base. The urinary bladder has been displaced superiorly by the enlarged prostate. Urinary bladder is under distended with a urinary catheter in-situ, limiting its assessment. No dilated bowel loop. Scattered uncomplicated colonic diverticula. No enlarged abdominal or pelvic lymph node is seen. No pneumoperitoneum or ascites. Left femoral venous vascular catheter is seen with its tip sited at the inferiorvena cava just above the confluence of the common iliac veins. No destructive bone lesion is seen. There appears to be incomplete segmentation of the T3 and T4 vertebrae. Background degenerative changes of the spine noted. CONCLUSION 1. Prostatomegaly may be related to known benign prostate hyperplasia. Correlation with serum PSA levels is suggested. 2. No suspicious lesion is otherwise seen in the thorax, abdomen and pelvis. 3. Other minor findings are as described above. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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