# Row 3470

Visit Number: fc78dae001451720c25cb941ef6da7680846d15ec461f90ca97cfe2ea7a74349

Masked\_PatientID: 3454

Order ID: 13fbdcf2e0c13470f2110a5cbb9973567c46238e107b0c8ff2cd636900191683

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/4/2018 15:09

Line Num: 1

Text: HISTORY boderline cystadenofibroma, with peritoneal recurrence (serous papillary tumour) planned for CRS + HIPEC on 14/5/18 To reassess Currently admitted with left side pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made previous CT of them of March 2018. A tiny stable perifissural pulmonary nodule in the right lower lobe (401/41). Large left pleural effusion, grossly increased from prior, with loculated areas and there is partial atelectasis of the left upper lobe and complete collapse compressive collapse of the left lower lobe. No enlarged hilar or mediastinal lymph nodes. Stable small cyst in the left liver lobe. No sinister focal liver mass. Status post cholecystectomy. The biliary tracts are not significantly dilated. Spleen, pancreas, adrenals and kidneys are grossly unremarkable other than a tiny left renal hypodensity that is too small to characterise. No hydronephrosis. Two stable cystic locules in the lesser sac (right inferior 5.4 cm and left superior 4.3 cm). Otherwise no ascites or enlarged pelvic or para-aortic lymph nodes are detected. The bladder is not well distended for evaluation. The bowel is not dilated. Scattered uncomplicated colonic diverticula. S/p total hysterectomy. No pelvic masses. The bone settings show no destructive lesion. CONCLUSION Stable cystic structures in thelesser sac suspicious for pseudomyxoma peritoneii/ peritoneal recurrence. Massive left pleural effusion, loculated in areas. Suggest further evaluation to rule out metastatic spread. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 5515368d3fb2874e2c21fd9dfd7791872fdf88d2b10b89c0fa126495fc058875

Updated Date Time: 27/4/2018 16:19

## Layman Explanation

This radiology report discusses HISTORY boderline cystadenofibroma, with peritoneal recurrence (serous papillary tumour) planned for CRS + HIPEC on 14/5/18 To reassess Currently admitted with left side pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made previous CT of them of March 2018. A tiny stable perifissural pulmonary nodule in the right lower lobe (401/41). Large left pleural effusion, grossly increased from prior, with loculated areas and there is partial atelectasis of the left upper lobe and complete collapse compressive collapse of the left lower lobe. No enlarged hilar or mediastinal lymph nodes. Stable small cyst in the left liver lobe. No sinister focal liver mass. Status post cholecystectomy. The biliary tracts are not significantly dilated. Spleen, pancreas, adrenals and kidneys are grossly unremarkable other than a tiny left renal hypodensity that is too small to characterise. No hydronephrosis. Two stable cystic locules in the lesser sac (right inferior 5.4 cm and left superior 4.3 cm). Otherwise no ascites or enlarged pelvic or para-aortic lymph nodes are detected. The bladder is not well distended for evaluation. The bowel is not dilated. Scattered uncomplicated colonic diverticula. S/p total hysterectomy. No pelvic masses. The bone settings show no destructive lesion. CONCLUSION Stable cystic structures in thelesser sac suspicious for pseudomyxoma peritoneii/ peritoneal recurrence. Massive left pleural effusion, loculated in areas. Suggest further evaluation to rule out metastatic spread. 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.