# Row 4179

Visit Number: 5e61d98f522ae8e86d6772b086af33261de924fc76aa5606ce7f7ee3a16dba22

Masked\_PatientID: 4176

Order ID: 760e1bdc01945eccb7fd9b49456cf17733fec4dae402225c428e2ec0a593fdb3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/1/2019 15:58

Line Num: 1

Text: HISTORY Relapsed DLBCL s/p multiple lines of chemo Also recently s/p RT For re-assessment of disease TECHNIQUE Noncontrast CT chest, abdomen and pelvis performed. FINDINGS Comparison is made to previous study dated 11 October 2018. There is significant interval improvement: - Near-complete resolution of soft tissue, likely representing confluent nodes, around the left common femoral artery (e.g. 2-203 vs prev 5-261). The bilateral femoral vascular bundles nowappear fairly symmetrical in prominence. - More discretely seen nodes are significantly smaller, e.g. the 7 x 9mm left inguinal node which measured 1.3 x 2.0 cm previously (2-202 versus previous 5-259); the tiny 4 x 6mm left external iliac nodewhich measured 2.0 x 1.3 cm previously (2-172 versus previous 5-223) There is no new supraclavicular, intrathoracic, abdominal or pelvic lymphadenopathy. No suspicious pulmonary nodule, ground-glass opacity, consolidation or pleural effusion is seen. Stable scarring is again seen in the left upper lobe and right lower lobe. Calcified granuloma is again seen in the right upper lobe. The heart is not significantly enlarged. Coronary atherosclerotic calcifications are seen. Trace amount of pericardial effusion is again seen. Noncontrast enhanced images of the liver, gallbladder, biliary tree, spleen, pancreas, kidneys and urinary bladder are unremarkable. Bowel is normal in calibre and distribution. Renal cysts are better appreciated on previous contrast enhanced CT dated 6 September 2018. The prostate is Mildly enlarged. Sliver of free fluid is seen pelvis. Patient had prior T4-T6 laminectomy. T4 to T6 vertebral sclerosis is again seen. There is no destructive bony lesion. CONCLUSION Since 11 Oct 2018, there is interval improvement with near-complete resolution of left external iliac to femoral lymphadenopathy. No new significant lymphadenopathy is detected in the thorax, abdomen and pelvis. Stable T4 to T6 vertebral sclerosis, in keeping with post treatment change. Small pericardial effusion is again seen. Known / Minor Finalised by: <DOCTOR>

Accession Number: 6b3227e12b4f5e69ce8318894e43965df4935d5b8ef505b02a013ee8336e63d0

Updated Date Time: 12/1/2019 17:18

## Layman Explanation

This radiology report discusses HISTORY Relapsed DLBCL s/p multiple lines of chemo Also recently s/p RT For re-assessment of disease TECHNIQUE Noncontrast CT chest, abdomen and pelvis performed. FINDINGS Comparison is made to previous study dated 11 October 2018. There is significant interval improvement: - Near-complete resolution of soft tissue, likely representing confluent nodes, around the left common femoral artery (e.g. 2-203 vs prev 5-261). The bilateral femoral vascular bundles nowappear fairly symmetrical in prominence. - More discretely seen nodes are significantly smaller, e.g. the 7 x 9mm left inguinal node which measured 1.3 x 2.0 cm previously (2-202 versus previous 5-259); the tiny 4 x 6mm left external iliac nodewhich measured 2.0 x 1.3 cm previously (2-172 versus previous 5-223) There is no new supraclavicular, intrathoracic, abdominal or pelvic lymphadenopathy. No suspicious pulmonary nodule, ground-glass opacity, consolidation or pleural effusion is seen. Stable scarring is again seen in the left upper lobe and right lower lobe. Calcified granuloma is again seen in the right upper lobe. The heart is not significantly enlarged. Coronary atherosclerotic calcifications are seen. Trace amount of pericardial effusion is again seen. Noncontrast enhanced images of the liver, gallbladder, biliary tree, spleen, pancreas, kidneys and urinary bladder are unremarkable. Bowel is normal in calibre and distribution. Renal cysts are better appreciated on previous contrast enhanced CT dated 6 September 2018. The prostate is Mildly enlarged. Sliver of free fluid is seen pelvis. Patient had prior T4-T6 laminectomy. T4 to T6 vertebral sclerosis is again seen. There is no destructive bony lesion. CONCLUSION Since 11 Oct 2018, there is interval improvement with near-complete resolution of left external iliac to femoral lymphadenopathy. No new significant lymphadenopathy is detected in the thorax, abdomen and pelvis. Stable T4 to T6 vertebral sclerosis, in keeping with post treatment change. Small pericardial effusion is again seen. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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