# Row 4555

Visit Number: 29397735a2057c01c901156df4963015a12dee5fe5acdd4622aa6a0b2b26d504

Masked\_PatientID: 4553

Order ID: 024551276e316e187cf3007a66d0e2a6b53a311049a09c4ff671179320a149d0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/2/2015 12:43

Line Num: 1

Text: HISTORY Ca sigmoid colon post AR 1 year. TECHNIQUE Contrast enhanced scans of the chest, abdomen and pelvis were acquired. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the prior CT chest, abdomen and pelvis of 6/1/2014. The patient is post anterior resection with a colo-colonic anastomosis. No local tumour recurrence is seen at the anastomotic site. There is no significant thickening of the large bowel. There is a 1.2 cm nodular density in the left lower pararectal region (series eight image 130) not seen on previous scan. This may represent a small pararectal lymph node and is of uncertain significance. A small 1cm lymph node adjacent to the inferior mesenteric vessels (image 8-69) is non-specific and may be reactive. No significantly enlarged intra-abdominal or pelvic lymph nodes are seen. No ascites or peritoneal nodularity. Lobulated cyst in segment 4/8 of the liver is stable in size. Tiny hypodensity in segment VI is also seen again and stable. Otherwise no new focal liver lesion is seen. Hypoattenuation of the liver parnechyma suggests diffuse fatty infiltration. Hypodensities in both kidneys are likely to represent cysts. There is mild decrease in the size of the right interpolar region a cyst which appears slightly hyperdense. The spleen, pancreas, urinary bladder and prostate are unremarkable. Tiny 2 mm nodule in the right middle lobe (image 5-74) was not seen on the prior study, but appears nonspecific. No other suspicious pulmonary nodule is seen. There are no suspicious mediastinal or supraclavicular lymph nodes. Small volume hilar nodes, not significantly enlarged and were also seen on previous CT study. No suspicious bony lesions. CONCLUSION 1. Status post anterior resection with no obvious evidence of local recurrence or definitive metastatic disease. 2. Borderline lymph node along inferior mesenteric vessels, of uncertain significance. Another small nodule in the left lower pararectal region not seen on previous scan, again possibly a node and of uncertain significance. Attention at follow-up scan suggested. 3. A tiny ground glass nodule nodule in the right middle lobe is non-specific. May need further action Reported by: <DOCTOR>

Accession Number: 772b0754efbd1fff9b01faeef3a89bc556683b7a6a0fc7c6cdf00e0764fe534d

Updated Date Time: 02/2/2015 17:21

## Layman Explanation

This radiology report discusses HISTORY Ca sigmoid colon post AR 1 year. TECHNIQUE Contrast enhanced scans of the chest, abdomen and pelvis were acquired. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the prior CT chest, abdomen and pelvis of 6/1/2014. The patient is post anterior resection with a colo-colonic anastomosis. No local tumour recurrence is seen at the anastomotic site. There is no significant thickening of the large bowel. There is a 1.2 cm nodular density in the left lower pararectal region (series eight image 130) not seen on previous scan. This may represent a small pararectal lymph node and is of uncertain significance. A small 1cm lymph node adjacent to the inferior mesenteric vessels (image 8-69) is non-specific and may be reactive. No significantly enlarged intra-abdominal or pelvic lymph nodes are seen. No ascites or peritoneal nodularity. Lobulated cyst in segment 4/8 of the liver is stable in size. Tiny hypodensity in segment VI is also seen again and stable. Otherwise no new focal liver lesion is seen. Hypoattenuation of the liver parnechyma suggests diffuse fatty infiltration. Hypodensities in both kidneys are likely to represent cysts. There is mild decrease in the size of the right interpolar region a cyst which appears slightly hyperdense. The spleen, pancreas, urinary bladder and prostate are unremarkable. Tiny 2 mm nodule in the right middle lobe (image 5-74) was not seen on the prior study, but appears nonspecific. No other suspicious pulmonary nodule is seen. There are no suspicious mediastinal or supraclavicular lymph nodes. Small volume hilar nodes, not significantly enlarged and were also seen on previous CT study. No suspicious bony lesions. CONCLUSION 1. Status post anterior resection with no obvious evidence of local recurrence or definitive metastatic disease. 2. Borderline lymph node along inferior mesenteric vessels, of uncertain significance. Another small nodule in the left lower pararectal region not seen on previous scan, again possibly a node and of uncertain significance. Attention at follow-up scan suggested. 3. A tiny ground glass nodule nodule in the right middle lobe is non-specific. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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