# Row 4954

Visit Number: f18be4db25c493cca00fae158f85c2028d499cb0091983abfa1ec9df9c4a736b

Masked\_PatientID: 4952

Order ID: 3c23ec4bc752df0e573cfa8a0a56812e411b19acb409bcd1b148aa2c33ea10cd

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/10/2018 9:01

Line Num: 1

Text: HISTORY prostate cancer with scerotic focus noted on spinal X-ray as well as symptomatic adrenal insufficiency based on synacthen test done 2 days ago. To look for other areas of metastasis, specifically mets to adrenals in view of his adrenal insufficiency TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 57 FINDINGS CT done on October 5, 1999 was reviewed. CHEST The mediastinal vessels opacify normally. Nosignificantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Sternotomy sutures are noted. The heart is normal in size. No pericardial effusion is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Bilateral small amount of pleural effusions are noted with adjacent atelectasis. Scarring with calcifications is noted in the basal segments of the left lower lobe. ABDOMEN AND PELVIS Two small soft tissue nodules in thehepatorenal fossa along the peritoneal lining are indeterminate for peritoneal deposits (image 801/42, 48). Few tiny subcentimetre hypodensities in the liver are too small to characterise. Gallbladder is contracted. The spleen appears unremarkable. 11 x 8 mm hypodense lesion in the uncinate process of the pancreas may represent cystic neoplasm (image 801/94). Main pancreatic duct is not dilated. Left adrenal gland is mildly bulky. No discrete adrenal nodule identified. Right adrenal gland is unremarkable. 20 x 18 mm cyst with thin internal septation is noted in the right renal upper pole. Few other tiny subcentimetre hypodensities in both kidneys are too small to characterise. The prostate is enlarged in size. The urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Minimal free fluid is noted in the pelvis. Moderate amount of perirectal and presacral fat stranding is noted. A well-defined sclerotic focus in the T9 vertebral body likely represents bone island. There are also few other scattered sclerotic foci in left iliac bone, T10 vertebra, L3 and L4 vertebrae which appear nonaggressive. CONCLUSION Prostate is enlarged in size. The scattered sclerotic foci in the vertebrae and left iliac bones appear nonaggressive. These may possibly represent bone islands. Bone scan may be better for evaluation of bone metastasis. Left adrenal gland ismildly bulky. No discrete nodule identified. Small nodules in hepatorenal fossa along the peritoneum are indeterminate for peritoneal metastases. Moderate amount of perirectal and presacral fat stranding is nonspecific. Bilateral small amount of pleural effusion and minimal ascites. May need further action Finalised by: <DOCTOR>

Accession Number: fcd6286b15ff0aba6b4e56d754749231677a9a59df324a1a355bf01259f08667

Updated Date Time: 28/10/2018 10:33

## Layman Explanation

This radiology report discusses HISTORY prostate cancer with scerotic focus noted on spinal X-ray as well as symptomatic adrenal insufficiency based on synacthen test done 2 days ago. To look for other areas of metastasis, specifically mets to adrenals in view of his adrenal insufficiency TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 57 FINDINGS CT done on October 5, 1999 was reviewed. CHEST The mediastinal vessels opacify normally. Nosignificantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Sternotomy sutures are noted. The heart is normal in size. No pericardial effusion is seen. No pulmonary nodule, consolidation or ground-glass opacity is detected. Bilateral small amount of pleural effusions are noted with adjacent atelectasis. Scarring with calcifications is noted in the basal segments of the left lower lobe. ABDOMEN AND PELVIS Two small soft tissue nodules in thehepatorenal fossa along the peritoneal lining are indeterminate for peritoneal deposits (image 801/42, 48). Few tiny subcentimetre hypodensities in the liver are too small to characterise. Gallbladder is contracted. The spleen appears unremarkable. 11 x 8 mm hypodense lesion in the uncinate process of the pancreas may represent cystic neoplasm (image 801/94). Main pancreatic duct is not dilated. Left adrenal gland is mildly bulky. No discrete adrenal nodule identified. Right adrenal gland is unremarkable. 20 x 18 mm cyst with thin internal septation is noted in the right renal upper pole. Few other tiny subcentimetre hypodensities in both kidneys are too small to characterise. The prostate is enlarged in size. The urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Minimal free fluid is noted in the pelvis. Moderate amount of perirectal and presacral fat stranding is noted. A well-defined sclerotic focus in the T9 vertebral body likely represents bone island. There are also few other scattered sclerotic foci in left iliac bone, T10 vertebra, L3 and L4 vertebrae which appear nonaggressive. CONCLUSION Prostate is enlarged in size. The scattered sclerotic foci in the vertebrae and left iliac bones appear nonaggressive. These may possibly represent bone islands. Bone scan may be better for evaluation of bone metastasis. Left adrenal gland ismildly bulky. No discrete nodule identified. Small nodules in hepatorenal fossa along the peritoneum are indeterminate for peritoneal metastases. Moderate amount of perirectal and presacral fat stranding is nonspecific. Bilateral small amount of pleural effusion and minimal ascites. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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