# Row 5252

Visit Number: 609377cbf2f2a3c10ff25d3fcb2f9788177cb6c3d43d282127e4d687b4a16497

Masked\_PatientID: 5241

Order ID: 045a9ff1bda8e5cd043e58f6643e7ffbd918295992833a3d7a58860aa0fb8a8c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/6/2015 12:56

Line Num: 1

Text: HISTORY DLBCL s/p #3R-CEOP for restaging scans TECHNIQUE CT scan of the thorax, abdomen and pelvis was acquired. Intravenous contrast: 70 mls Omnipaque 350. FINDINGS Comparison was made with prior CT thorax, abdomen and pelvis study of 12 May 2015. CT thorax There is image degradation from respiratory motion artefact. There is increase consolidation in both upper lobes. Interval improvement in the confluent consolidation in the middle lobe. Patchy consolidation / partial atelectasis of both lower lobes adjacent to the bilateral moderate pleural effusions are stable. A large bullae is noted in the left upper lobe. Stable subcentimetre right paratracheal and precarinal lymph nodes are noted. No lymphadenopathy is seen. CT abdomen and pelvis There is further improvement in the soft tissue thickening in the left perinephric region. Minimal residual soft tissue is still noted in the left perinephric region (im 6-46), posterior to the left renal vein (im 6-43) and at the left para-arotic region (im 6-28). Soft tissue thickening in the left renal pelvis with mild thickening of the left proximal ureter and mild left hydronephrosis is noted. Both kidneys enhance symmetrically. Stable0.3 cm hypodensity in the midpole of the left kidney, likely a cyst. Previously noted soft tissue encasing the IMA and extending inferiorly to the left hemipelvis has almost resolved. No new adenopathy is noted. Previously noted left scrotal mass is probably smaller, although this is partially imaged. Abdominal ascites has slightly improved in the interim. Persistent marked subcutaneous oedema and anasarca is noted. The liver is normal in size and shows no discrete focal lesion. The biliary tree is not dilated. No calcified gallstone is noted. The spleen is not enlarged. The pancreas, right kidney and adrenal glands are unremarkable. The foley’s catheter has been removed from the urinary bladder. The stomach, duodenum, small bowel loops and colon are unremarkable. Right inguinal hernia containing fat is noted. There is no destructive bone lesion. CONCLUSION 1. Increased bilateral upper lobe consolidation which is likely inflammatory/infectious. Please correlate clinically. 2. Confluent consolidation in the middle lobe has improved. Bilateral moderate pleural effusions are present with partial atelectasis of the lower lobes. 3. Further improvement in the soft tissue thickening in the left perinephric region, consistent with biopsy proven lymphoma. Minimal residual soft tissue is noted as detailed. No new adenopathy is noted. 4. Left scrotal mass is likely smaller, but is partially imaged. 5. Abdominal ascites has improvedin the interim. May need further action Reported by: <DOCTOR>

Accession Number: ba96f0eb1852a42e2474a22873465ab85724cc2a0398ade82bd5b76a662c6178

Updated Date Time: 18/6/2015 16:44

## Layman Explanation

This radiology report discusses HISTORY DLBCL s/p #3R-CEOP for restaging scans TECHNIQUE CT scan of the thorax, abdomen and pelvis was acquired. Intravenous contrast: 70 mls Omnipaque 350. FINDINGS Comparison was made with prior CT thorax, abdomen and pelvis study of 12 May 2015. CT thorax There is image degradation from respiratory motion artefact. There is increase consolidation in both upper lobes. Interval improvement in the confluent consolidation in the middle lobe. Patchy consolidation / partial atelectasis of both lower lobes adjacent to the bilateral moderate pleural effusions are stable. A large bullae is noted in the left upper lobe. Stable subcentimetre right paratracheal and precarinal lymph nodes are noted. No lymphadenopathy is seen. CT abdomen and pelvis There is further improvement in the soft tissue thickening in the left perinephric region. Minimal residual soft tissue is still noted in the left perinephric region (im 6-46), posterior to the left renal vein (im 6-43) and at the left para-arotic region (im 6-28). Soft tissue thickening in the left renal pelvis with mild thickening of the left proximal ureter and mild left hydronephrosis is noted. Both kidneys enhance symmetrically. Stable0.3 cm hypodensity in the midpole of the left kidney, likely a cyst. Previously noted soft tissue encasing the IMA and extending inferiorly to the left hemipelvis has almost resolved. No new adenopathy is noted. Previously noted left scrotal mass is probably smaller, although this is partially imaged. Abdominal ascites has slightly improved in the interim. Persistent marked subcutaneous oedema and anasarca is noted. The liver is normal in size and shows no discrete focal lesion. The biliary tree is not dilated. No calcified gallstone is noted. The spleen is not enlarged. The pancreas, right kidney and adrenal glands are unremarkable. The foley’s catheter has been removed from the urinary bladder. The stomach, duodenum, small bowel loops and colon are unremarkable. Right inguinal hernia containing fat is noted. There is no destructive bone lesion. CONCLUSION 1. Increased bilateral upper lobe consolidation which is likely inflammatory/infectious. Please correlate clinically. 2. Confluent consolidation in the middle lobe has improved. Bilateral moderate pleural effusions are present with partial atelectasis of the lower lobes. 3. Further improvement in the soft tissue thickening in the left perinephric region, consistent with biopsy proven lymphoma. Minimal residual soft tissue is noted as detailed. No new adenopathy is noted. 4. Left scrotal mass is likely smaller, but is partially imaged. 5. Abdominal ascites has improvedin the interim. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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