# Row 5330

Visit Number: bd61c8decae4dbdb1f05be96518986830ddb5e9d7c4ed94135a4a12fc86a21fe

Masked\_PatientID: 5313

Order ID: 77232490c685ea2adf4ed7b8dc576afc7b58af12184c5dc99b202d98abdeadcd

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 04/10/2019 14:56

Line Num: 1

Text: HISTORY f/u rcc s/p bilat nephrec and failed transplant r/o intraabdominal collection, planning for t/k TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with CT chest abdomen pelvis dated 11 January 2019. THORAX Stable tiny pulmonary nodules are again seen in the right upper and middle lobes (6-20, 6-25, 6-34, 6-74). No pulmonary mass is noted. Small bilateral pleuraleffusions are present, larger in the right, with associated mild atelectasis. Minimal paraseptal emphysema is again noted in bilateral lung apices. The central airways are patent. The heart size is normal. No pericardial effusion is seen. Atherosclerotic calcifications are present in the coronary arteries. The mediastinal vessels are normal in configuration. No enlarged supraclavicular, mediastinal, hilar or axillary lymph node is noted. A subcentimeter hypodensity in the left thyroid lobe is non specific. Soft tissue densities in bilateral retroareolar regions, corresponding to ultrasound breasts dated 30 January 2019 for gynecomastia, are less prominent compared to the previous CT. A tiny calcific focus is again seen in the right retroareolar region. ABDOMEN PELVIS The patient is status post bilateral nephrectomy for renal cell carcinoma. There is no focal mass in the surgical bed to suggest local tumour recurrence. The transplanted kidney is seen in the left iliac fossa. Stable renal cysts are present. Scattered subcentimeter hypodensities are too small to characterise, possibly cysts. A focus of calcification is again seen in the lower pole possibly representing mural calcification. There is stable slight thickening and enhancement of the transplanted ureter, likely post inflammatory related. The urinary bladder is unremarkable. The prostate gland is mildly enlarged. No suspicious hepatic lesion is seen. Stable hepatic cysts are noted. Scattered subcentimeter hypodensities are too small to characterise, possibly cysts. Mild thickening of the gallbladder fundal region likely represents adenomyomatosis. The biliary tree is not dilated. The spleen, pancreas and right adrenal gland are unremarkable. A stable 8mm nodule in the left adrenal gland is again seen. The bowels are normal in calibre and distribution. The patient is status post appendectomy. A periampullary duodenal diverticulum is again noted. Scattered uncomplicated diverticula in the ascending colon are present. Moderated amount of intra-abdominal free fluid may be related to peritoneal dialysate. No pneumoperitoneum or intra-abdominal collection is seen. A prominent stable node in the lower para-aortic region is present (8-83), measuring 9mm short axis. Mild anasarca is present. A dialysis catheter is visualised with coiled tip in the pelvis. No destructive bony lesion is seen. CONCLUSION 1. Status post bilateral nephrectomy for renal cell carcinoma, no evidence of local tumour recurrence or metastasis is seen. 2. Mild anasarca and bilateral small pleural effusions are present. 3. No intra-abdominal rim enhancing fluid collection is detected. Moderate amount offree fluid in the abdomen and pelvis may be related to dialysate exchange. 4. Other findings as above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 24d2239567ffb2793d9d3e5998dc5d991bed5ef4dc82e670ec3f061759f9d1e2

Updated Date Time: 04/10/2019 18:23

## Layman Explanation

This radiology report discusses HISTORY f/u rcc s/p bilat nephrec and failed transplant r/o intraabdominal collection, planning for t/k TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with CT chest abdomen pelvis dated 11 January 2019. THORAX Stable tiny pulmonary nodules are again seen in the right upper and middle lobes (6-20, 6-25, 6-34, 6-74). No pulmonary mass is noted. Small bilateral pleuraleffusions are present, larger in the right, with associated mild atelectasis. Minimal paraseptal emphysema is again noted in bilateral lung apices. The central airways are patent. The heart size is normal. No pericardial effusion is seen. Atherosclerotic calcifications are present in the coronary arteries. The mediastinal vessels are normal in configuration. No enlarged supraclavicular, mediastinal, hilar or axillary lymph node is noted. A subcentimeter hypodensity in the left thyroid lobe is non specific. Soft tissue densities in bilateral retroareolar regions, corresponding to ultrasound breasts dated 30 January 2019 for gynecomastia, are less prominent compared to the previous CT. A tiny calcific focus is again seen in the right retroareolar region. ABDOMEN PELVIS The patient is status post bilateral nephrectomy for renal cell carcinoma. There is no focal mass in the surgical bed to suggest local tumour recurrence. The transplanted kidney is seen in the left iliac fossa. Stable renal cysts are present. Scattered subcentimeter hypodensities are too small to characterise, possibly cysts. A focus of calcification is again seen in the lower pole possibly representing mural calcification. There is stable slight thickening and enhancement of the transplanted ureter, likely post inflammatory related. The urinary bladder is unremarkable. The prostate gland is mildly enlarged. No suspicious hepatic lesion is seen. Stable hepatic cysts are noted. Scattered subcentimeter hypodensities are too small to characterise, possibly cysts. Mild thickening of the gallbladder fundal region likely represents adenomyomatosis. The biliary tree is not dilated. The spleen, pancreas and right adrenal gland are unremarkable. A stable 8mm nodule in the left adrenal gland is again seen. The bowels are normal in calibre and distribution. The patient is status post appendectomy. A periampullary duodenal diverticulum is again noted. Scattered uncomplicated diverticula in the ascending colon are present. Moderated amount of intra-abdominal free fluid may be related to peritoneal dialysate. No pneumoperitoneum or intra-abdominal collection is seen. A prominent stable node in the lower para-aortic region is present (8-83), measuring 9mm short axis. Mild anasarca is present. A dialysis catheter is visualised with coiled tip in the pelvis. No destructive bony lesion is seen. CONCLUSION 1. Status post bilateral nephrectomy for renal cell carcinoma, no evidence of local tumour recurrence or metastasis is seen. 2. Mild anasarca and bilateral small pleural effusions are present. 3. No intra-abdominal rim enhancing fluid collection is detected. Moderate amount offree fluid in the abdomen and pelvis may be related to dialysate exchange. 4. Other findings as above. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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