# Row 5329

Visit Number: 30112900564c28c08a6d64ae4568aabef76d198a1c52de90f85b01c7e8ccf43b

Masked\_PatientID: 5313

Order ID: c58c25da89778e0a286a3e2ff714c64a757560d387cc68c1a55a58dca69269eb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/1/2019 9:32

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 FINDINGS CHESTComparison is made with the previous CT done on 7 June 2018. Tip of the right central venous catheter is noted in the cavoatrial junction. Small amount of soft tissue density noted in bilateral retroareolar region may represent gynecomastia. However, 20 x 13 mm soft tissue density in the right retroareolar region appears more prominent since the previous study and is indeterminate (Im 4/46). A tiny calcific focus is noted in the right retroareolar region. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Tiny 2 mm nodules in right upper and middle lobes are non-specific (Im 18, 23, 32, 72). Minimal paraseptal emphysema is noted in bilateral lung apices. No pulmonary consolidation or ground-glass opacity is detected. No pleural effusion is present. ABDOMEN AND PELVIS Comparison was made with the CT scan of 10 September 2018. Post bilateral nephrectomy for renal cell carcinoma. Minimal fat stranding is noted in the left renal bed. No enhancing mass or rim enhancing collection identified. Few small volume left para-aortic lymph nodes are likely reactive. Transplant kidney is noted in the left iliac fossa. Few small cysts are noted in the transplant kidney. 3 mm calcific focus in the left renal lower pole is likely noted within the cyst. No hydronephrosis. Multiple liver cysts are noted. No suspicious focal lesion. No biliary dilatation. The gallbladder is contracted. Wall thickening of the fundal region may represent adenomyomatosis. The spleen and pancreas appears unremarkable. Stable 7 mm nodule in the left adrenal gland. Right adrenal is unremarkable. The urinary bladder is partially distended and shows mild wall thickening as before. Prostate is mildly enlarged. Multiple uncomplicated diverticula noted in the right colon. No bowel wall thickening or dilatation. Periampullary duodenal diverticulum is noted. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION Soft tissue density in the right retroareolar region appears more prominent since the previous study and is indeterminate. Clinical correlation is suggested to rule out an underlying malignancy. Post bilateral nephrectomy for renal cell carcinoma. Noevidence of local recurrence or distant metastasis. There is interval resolution of the previously noted abscess in the left renal bed, with residual fat stranding. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 00dc72bf4135823f0b7c4fcee92516706fc9dbe21f32da9d268c57d0839a94c0

Updated Date Time: 14/1/2019 15:45

## 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 FINDINGS CHESTComparison is made with the previous CT done on 7 June 2018. Tip of the right central venous catheter is noted in the cavoatrial junction. Small amount of soft tissue density noted in bilateral retroareolar region may represent gynecomastia. However, 20 x 13 mm soft tissue density in the right retroareolar region appears more prominent since the previous study and is indeterminate (Im 4/46). A tiny calcific focus is noted in the right retroareolar region. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Tiny 2 mm nodules in right upper and middle lobes are non-specific (Im 18, 23, 32, 72). Minimal paraseptal emphysema is noted in bilateral lung apices. No pulmonary consolidation or ground-glass opacity is detected. No pleural effusion is present. ABDOMEN AND PELVIS Comparison was made with the CT scan of 10 September 2018. Post bilateral nephrectomy for renal cell carcinoma. Minimal fat stranding is noted in the left renal bed. No enhancing mass or rim enhancing collection identified. Few small volume left para-aortic lymph nodes are likely reactive. Transplant kidney is noted in the left iliac fossa. Few small cysts are noted in the transplant kidney. 3 mm calcific focus in the left renal lower pole is likely noted within the cyst. No hydronephrosis. Multiple liver cysts are noted. No suspicious focal lesion. No biliary dilatation. The gallbladder is contracted. Wall thickening of the fundal region may represent adenomyomatosis. The spleen and pancreas appears unremarkable. Stable 7 mm nodule in the left adrenal gland. Right adrenal is unremarkable. The urinary bladder is partially distended and shows mild wall thickening as before. Prostate is mildly enlarged. Multiple uncomplicated diverticula noted in the right colon. No bowel wall thickening or dilatation. Periampullary duodenal diverticulum is noted. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. The bones appear unremarkable. CONCLUSION Soft tissue density in the right retroareolar region appears more prominent since the previous study and is indeterminate. Clinical correlation is suggested to rule out an underlying malignancy. Post bilateral nephrectomy for renal cell carcinoma. Noevidence of local recurrence or distant metastasis. There is interval resolution of the previously noted abscess in the left renal bed, with residual fat stranding. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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