# Row 5331

Visit Number: 2684b4a8b4dbb1033608f5d0674949f8b733b2b2074acc1d8c1b64eb436bf74f

Masked\_PatientID: 5313

Order ID: 209fa109b119f93b66c6757d1b38103fa5187957fe137d8041c205659773781a

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 16/10/2020 12:28

Line Num: 1

Text: HISTORY bilat rcc s/p nephrectomy for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is done with the previous study dated 4 October 2019. No suspicious nodule or consolidation seen in the lungs. Stable tiny ill-defined nodules in the right upper lobe (6-21) and middle lobe (6-70) nonspecific. Stable minimal right pleural effusion. Left pleural effusion has resolved. Trace paraseptal emphysema in the upper lobes. Stable linear atelectasis/scarring in the left lower lobe. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart appears borderline enlarged. No pericardial effusion.Stable small hypodense nodules in the left thyroid lobe nonspecific. Bilateral gynecomastia. Status post bilateral nephrectomy. No gross mass is seen in the surgical bed to suggest local recurrence. Transplant kidney seen in the left iliac fossa stable small cyst at the lower pole. Other subcentimetre hypodensities in the transplant kidney are too small to characterise but could also represent cysts. Dependent calcification noted in one of the cysts at the lower pole. No hydronephrosis. Transplant renal vein and artery appear grossly patent. Peritoneal dialysis catheter is seen entering the anterior abdominal wall with the tip coiled in the pelvis. There is stable moderate amount of ascites which could be related to peritoneal dialysis. Scattered lobulated cysts, some with thin septation are again seen in the liver. Other stable subcentimetre hypodensities are too small to characterise but probably also cysts. Hepatic and portal veins are patent. Focal thickening of the gallbladder fundus probably represents adenomyomatosis. Biliary tree is normal in calibre. The pancreas, spleen and right adrenal gland are unremarkable. 10 mm hypodense nodule arising from the left adrenal gland lateral limb (7-42) stable from 2018 probably an adenoma. Visualised bowel loops are normal in calibre. There are multiple uncomplicated colonic diverticula. No enlarged abdominal lymph node is seen. No destructive bony lesions. CONCLUSION No definite evidence of local recurrence or metastatic disease. Minor findings as above. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 6a88c6e9462ea356d13d619f5d8a0a2cfde994d34ba1b6d8e2d09a820973c99c

Updated Date Time: 20/10/2020 9:42

## Layman Explanation

This radiology report discusses HISTORY bilat rcc s/p nephrectomy for surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is done with the previous study dated 4 October 2019. No suspicious nodule or consolidation seen in the lungs. Stable tiny ill-defined nodules in the right upper lobe (6-21) and middle lobe (6-70) nonspecific. Stable minimal right pleural effusion. Left pleural effusion has resolved. Trace paraseptal emphysema in the upper lobes. Stable linear atelectasis/scarring in the left lower lobe. No enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart appears borderline enlarged. No pericardial effusion.Stable small hypodense nodules in the left thyroid lobe nonspecific. Bilateral gynecomastia. Status post bilateral nephrectomy. No gross mass is seen in the surgical bed to suggest local recurrence. Transplant kidney seen in the left iliac fossa stable small cyst at the lower pole. Other subcentimetre hypodensities in the transplant kidney are too small to characterise but could also represent cysts. Dependent calcification noted in one of the cysts at the lower pole. No hydronephrosis. Transplant renal vein and artery appear grossly patent. Peritoneal dialysis catheter is seen entering the anterior abdominal wall with the tip coiled in the pelvis. There is stable moderate amount of ascites which could be related to peritoneal dialysis. Scattered lobulated cysts, some with thin septation are again seen in the liver. Other stable subcentimetre hypodensities are too small to characterise but probably also cysts. Hepatic and portal veins are patent. Focal thickening of the gallbladder fundus probably represents adenomyomatosis. Biliary tree is normal in calibre. The pancreas, spleen and right adrenal gland are unremarkable. 10 mm hypodense nodule arising from the left adrenal gland lateral limb (7-42) stable from 2018 probably an adenoma. Visualised bowel loops are normal in calibre. There are multiple uncomplicated colonic diverticula. No enlarged abdominal lymph node is seen. No destructive bony lesions. CONCLUSION No definite evidence of local recurrence or metastatic disease. Minor findings as above. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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