# Row 5782

Visit Number: 1cbdd1c6b1f9573c18c7ce6dbf7fa70407a881f010a73f2fbff2c2436f0b9c36

Masked\_PatientID: 5776

Order ID: d8f624d13ce1538d9a540d5eea6cac9239b40b48a27e95f0602841ae03aa13ef

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/2/2019 17:51

Line Num: 1

Text: HISTORY lung CA, restagingalso has left renal abscesses. to evaluate response to treatmentinitially planned outpatient, however patient developed seizure ?related to ertapenem, switched to meropenem for now TECHNIQUE Scans of the abdomen were acquired after the administration of intravenous contrast medium. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 72 FINDINGS Comparison is made to the CT chest, abdomen pelvis dated 6 February 2019. The index CT of 25 November 2018 is reviewed. CHEST Interval increase in size of primary tumour in the right lower lobe, with broad-based contact again the chest wall suggestive of underlying invasion, now 4.1 x 3.7 cm versus previous 3.7 x 3.4 cm (series 5\56 versus previous 5\64). Honeycombing, traction bronchiectasis and reticulation are again seen in a predominant peripheral basal distribution suggestive of interstitial lung disease. Dependent ground-glass change is attributable to atelectasis. Nodularity along the right horizontal fissure is slightly more prominent than before, possibly metastasis (e.g. Se 8\39 v.s. Prev 8\39). Other nodularity along the right oblique fissure is stable. Interval increase in size of several thoracic adenopathy while others remain stable. For example, right lower paratracheal adenopathy now measures 2.0 cm previously 1.5 cm in short axis (series 5\34 versus previous 5\32). Mild mucus is seen within the lower trachea. New small right pleural effusion. Left anterior descending coronary artery stent is seen. The heart is enlarged. Minimal pericardial fluid is nonspecific. The thyroid and oesophagus are grossly unremarkable. ABDOMEN AND PELVIS Stable\slight interval improvement of changes of pyelonephritis in the left renal upper and lower poles with associated abscesses. Few right renal hypodensities are stable and too small to characterise. No hydronephrosis is seen. New asymmetric thickening and mucosal enhancement of the right posterior urinary bladder (series 7\121). Indwelling urinary catheter is seen. The prostate is mildly enlarged without evidence of gross prostatic abscess. No suspicious hepatic lesion is seen. The gallbladder, biliarytree, pancreas, spleen and adrenals are unremarkable. The bowel loops show normal calibre. The appendix is normal. No significant enlarged abdominal or pelvic node is seen. Small volume left para-aortic nodes are likely reactive. No ascites is detected. No destructive bone lesion is seen. CONCLUSION Since the CT chest, abdomen and pelvis of 6 Feb 2019, Interval increase in size of primary tumour in the right lower lobe. Interval increase in size of several thoracic adenopathy while others remain stable. Stable\slight interval improvement of changes of pyelonephritis in the left renal upper and lower poles with associated abscesses. New asymmetric thickening and mucosal enhancement of the right posterior urinary bladder. This may represent focal cystitis, though follow up is suggested to exclude metastasis. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 845623c739db539e10d62d4376996a7ab451bb0c9a9c4910231203ed04c363af

Updated Date Time: 01/3/2019 15:34

## Layman Explanation

This radiology report discusses HISTORY lung CA, restagingalso has left renal abscesses. to evaluate response to treatmentinitially planned outpatient, however patient developed seizure ?related to ertapenem, switched to meropenem for now TECHNIQUE Scans of the abdomen were acquired after the administration of intravenous contrast medium. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 72 FINDINGS Comparison is made to the CT chest, abdomen pelvis dated 6 February 2019. The index CT of 25 November 2018 is reviewed. CHEST Interval increase in size of primary tumour in the right lower lobe, with broad-based contact again the chest wall suggestive of underlying invasion, now 4.1 x 3.7 cm versus previous 3.7 x 3.4 cm (series 5\56 versus previous 5\64). Honeycombing, traction bronchiectasis and reticulation are again seen in a predominant peripheral basal distribution suggestive of interstitial lung disease. Dependent ground-glass change is attributable to atelectasis. Nodularity along the right horizontal fissure is slightly more prominent than before, possibly metastasis (e.g. Se 8\39 v.s. Prev 8\39). Other nodularity along the right oblique fissure is stable. Interval increase in size of several thoracic adenopathy while others remain stable. For example, right lower paratracheal adenopathy now measures 2.0 cm previously 1.5 cm in short axis (series 5\34 versus previous 5\32). Mild mucus is seen within the lower trachea. New small right pleural effusion. Left anterior descending coronary artery stent is seen. The heart is enlarged. Minimal pericardial fluid is nonspecific. The thyroid and oesophagus are grossly unremarkable. ABDOMEN AND PELVIS Stable\slight interval improvement of changes of pyelonephritis in the left renal upper and lower poles with associated abscesses. Few right renal hypodensities are stable and too small to characterise. No hydronephrosis is seen. New asymmetric thickening and mucosal enhancement of the right posterior urinary bladder (series 7\121). Indwelling urinary catheter is seen. The prostate is mildly enlarged without evidence of gross prostatic abscess. No suspicious hepatic lesion is seen. The gallbladder, biliarytree, pancreas, spleen and adrenals are unremarkable. The bowel loops show normal calibre. The appendix is normal. No significant enlarged abdominal or pelvic node is seen. Small volume left para-aortic nodes are likely reactive. No ascites is detected. No destructive bone lesion is seen. CONCLUSION Since the CT chest, abdomen and pelvis of 6 Feb 2019, Interval increase in size of primary tumour in the right lower lobe. Interval increase in size of several thoracic adenopathy while others remain stable. Stable\slight interval improvement of changes of pyelonephritis in the left renal upper and lower poles with associated abscesses. New asymmetric thickening and mucosal enhancement of the right posterior urinary bladder. This may represent focal cystitis, though follow up is suggested to exclude metastasis. 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.