# Row 6196

Visit Number: e40c9517d4b7b24b745eec46b9273a6b5d34eb92b3781b97017063d103d03a05

Masked\_PatientID: 6191

Order ID: 247a3acb31c792779d5f636da63c9b00ec10602c4b0ced7a68f5ec45c2863fc8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/11/2020 18:09

Line Num: 1

Text: HISTORY Abdominal pain for evaluation, TRO lymphoma relapse - b/g stage4 DLBCL with marrow involvement since July 2017 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 85 FINDINGS Comparison is made with prior PET/CT study dated 27 July 2020. THORAX No consolidation or suspicious pulmonary nodule. Mild subsegmental atelectasis noted in the middle lobe and bilateral lower lobes. The major airways are patent. No pleural effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. The heart size is normal. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. Nasogastric tube noted with tip located in the pylorus. ABDOMEN AND PELVIS Hepatic steatosis. No suspicious hepatic lesion. The gallbladder, biliary tree, pancreas, spleen and bilateral adrenal glands are unremarkable. A splenunculus noted. Stable cortical scarring at the posterior aspect of the left kidney upper to mid pole with adjacent mild perinephric fat stranding, in keeping with post-treatment change. No suspicious lesion is noted in this region. Grossly stable bilateral renal hypodensities noted, larger ones likely cysts, the remaining too small to characterise but also likely represent cysts. The largest is a bilobed cyst in the left renal upper pole, measuring 2.2 x 2.0 cm with thin internal septation. A tiny hypodensity in the left renal interpolar region demonstrates mural calcification (1101 - 61). A few tiny calcific densities in bilateral renal hila may represent tiny nonobstructive caliceal calculi. No hydronephrosis. The bowel loops are normal in calibre and distribution. Appendix is unremarkable. No pneumoperitoneum. No free fluid. The urinary bladder and prostate are unremarkable. No enlarged retroperitoneal, intra-abdominal or pelvic lymph node. Aorta is normal in calibre. Background atherosclerotic calcification. Stable multiple lytic osseous lesions in the axial and appendicular skeleton, predominantly in the pelvic bones, may represent multiple myeloma. Old right 7th and 8th rib fractures. CONCLUSION Since 27 July 2020, 1. No enlarged thoracic, abdominal or pelvic lymph node. No splenomegaly. 2. Stable post-treatment changes in the posterior aspect of the left kidney upper to mid pole. No suspicious mass is seen in this region. 3. Stable lytic osseous lesions in the axial and appendicular skeleton may represent multiple myeloma. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 41f87b5834ade85d2d3e8fbfc88318e96b2a4321b8dfe2cbfa42515be50b1dbe

Updated Date Time: 30/11/2020 22:14

## Layman Explanation

This radiology report discusses HISTORY Abdominal pain for evaluation, TRO lymphoma relapse - b/g stage4 DLBCL with marrow involvement since July 2017 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 85 FINDINGS Comparison is made with prior PET/CT study dated 27 July 2020. THORAX No consolidation or suspicious pulmonary nodule. Mild subsegmental atelectasis noted in the middle lobe and bilateral lower lobes. The major airways are patent. No pleural effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. The heart size is normal. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. Nasogastric tube noted with tip located in the pylorus. ABDOMEN AND PELVIS Hepatic steatosis. No suspicious hepatic lesion. The gallbladder, biliary tree, pancreas, spleen and bilateral adrenal glands are unremarkable. A splenunculus noted. Stable cortical scarring at the posterior aspect of the left kidney upper to mid pole with adjacent mild perinephric fat stranding, in keeping with post-treatment change. No suspicious lesion is noted in this region. Grossly stable bilateral renal hypodensities noted, larger ones likely cysts, the remaining too small to characterise but also likely represent cysts. The largest is a bilobed cyst in the left renal upper pole, measuring 2.2 x 2.0 cm with thin internal septation. A tiny hypodensity in the left renal interpolar region demonstrates mural calcification (1101 - 61). A few tiny calcific densities in bilateral renal hila may represent tiny nonobstructive caliceal calculi. No hydronephrosis. The bowel loops are normal in calibre and distribution. Appendix is unremarkable. No pneumoperitoneum. No free fluid. The urinary bladder and prostate are unremarkable. No enlarged retroperitoneal, intra-abdominal or pelvic lymph node. Aorta is normal in calibre. Background atherosclerotic calcification. Stable multiple lytic osseous lesions in the axial and appendicular skeleton, predominantly in the pelvic bones, may represent multiple myeloma. Old right 7th and 8th rib fractures. CONCLUSION Since 27 July 2020, 1. No enlarged thoracic, abdominal or pelvic lymph node. No splenomegaly. 2. Stable post-treatment changes in the posterior aspect of the left kidney upper to mid pole. No suspicious mass is seen in this region. 3. Stable lytic osseous lesions in the axial and appendicular skeleton may represent multiple myeloma. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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