# Row 6499

Visit Number: 4c24def96cf6b9be0fb7e497254a6a62f15fa10230868c4237421e54af9a661a

Masked\_PatientID: 6499

Order ID: cad5f394721fe4bf0b615771aa6f05b295cbeed4d3c753a8a6de1b1f10535d9c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/7/2019 14:46

Line Num: 1

Text: HISTORY work up for ?prostatic CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Reference made to previous ultrasound kidneys and bladder dated 13/07/2019. A tiny 3 mm nodule in the middle lobe is nonspecific (6-61). There are atelectatic changes in both lower lobes. No focal suspicious pulmonary nodule is seen elsewhere. The central airways are clear. No significantly enlarged hilar, mediastinal or supraclavicular lymph node is present. The heart size is at the upper limit of normal. There are coronary atherosclerotic calcifications predominantly in the LAD territory. No pleural or pericardial effusion is seen. A few small hypodense lesions inboth lobes of the liver are too small to characterise probably representing cysts. No focal suspicious hepatic mass seen. The biliary tree is not dilated. A couple of small nodules inferior to the tip of right hepatic lobe measuring up to 9 mm (image 7-53) are nonspecific. The gallbladder, adrenal glands and spleen are unremarkable. There appears to be mild dilatation of the main pancreatic duct at the head measuring up to 5 mm (7-50). No obvious pancreatic mass is seen. The bowel loops are normal in calibre. Multiple hypodense lesions are seen in both kidneys, the larger ones cysts whilst the smaller ones are difficult to fully characterise probably representing further cysts. There is no hydronephrosis. The catheterised urinary bladder is not distended for adequate evaluation. There is focal enlargement of the left superolateral aspect of the prostate gland with heterogeneous enhancement (image 7-145, 9-42) invading the left seminal vesicle and indenting the bladder base, suspicious for underlying malignancy. There is associated thickening of the posterior wall of the urinary bladder. There are multiple prominent to enlarged lymph nodes in the left external and internal iliac regions with the largest left external iliac nodal mass measuring 4.7 x 2.5 cm (image 9-54). A small 7 mm left obturator lymph node is also noted. Inseparable from the infrarenal aorta is a nodular density measuring 1.7 x 1.3 cm (image 7-86) which may represent further enlarged node rather than due to aortic wall thickening/aneurysm. There are multiple healing right anterior rib fractures. Patchy sclerotic changes in the visualised lower cervical vertebrae from C5-C7 as well as mild sclerosis at T1 are suspicious for metastases. CONCLUSION Findings suspicious for locally invasive prostatic malignancy involving the left seminal vesicle. Associated mild thickening of the posterior wall of the urinary bladder noted. Likely metastatic pelvic adenopathy mainly involving the left iliac groups. The nodule inseparable from the infrarenal abdominal aorta may represent further enlarged lymph node rather than due to aortic pathology. No hydronephrosis. Patchy sclerotic changes in the lower cervical vertebrae as well as mild sclerosis within T1 vertebra are suspicious for metastatic disease in this context. Multiple healing right rib fractures. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f366616a35939115404a2faee608313e08d8d2f009fb72d123bc46c9b02254f0

Updated Date Time: 13/7/2019 17:45

## Layman Explanation

This radiology report discusses HISTORY work up for ?prostatic CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Reference made to previous ultrasound kidneys and bladder dated 13/07/2019. A tiny 3 mm nodule in the middle lobe is nonspecific (6-61). There are atelectatic changes in both lower lobes. No focal suspicious pulmonary nodule is seen elsewhere. The central airways are clear. No significantly enlarged hilar, mediastinal or supraclavicular lymph node is present. The heart size is at the upper limit of normal. There are coronary atherosclerotic calcifications predominantly in the LAD territory. No pleural or pericardial effusion is seen. A few small hypodense lesions inboth lobes of the liver are too small to characterise probably representing cysts. No focal suspicious hepatic mass seen. The biliary tree is not dilated. A couple of small nodules inferior to the tip of right hepatic lobe measuring up to 9 mm (image 7-53) are nonspecific. The gallbladder, adrenal glands and spleen are unremarkable. There appears to be mild dilatation of the main pancreatic duct at the head measuring up to 5 mm (7-50). No obvious pancreatic mass is seen. The bowel loops are normal in calibre. Multiple hypodense lesions are seen in both kidneys, the larger ones cysts whilst the smaller ones are difficult to fully characterise probably representing further cysts. There is no hydronephrosis. The catheterised urinary bladder is not distended for adequate evaluation. There is focal enlargement of the left superolateral aspect of the prostate gland with heterogeneous enhancement (image 7-145, 9-42) invading the left seminal vesicle and indenting the bladder base, suspicious for underlying malignancy. There is associated thickening of the posterior wall of the urinary bladder. There are multiple prominent to enlarged lymph nodes in the left external and internal iliac regions with the largest left external iliac nodal mass measuring 4.7 x 2.5 cm (image 9-54). A small 7 mm left obturator lymph node is also noted. Inseparable from the infrarenal aorta is a nodular density measuring 1.7 x 1.3 cm (image 7-86) which may represent further enlarged node rather than due to aortic wall thickening/aneurysm. There are multiple healing right anterior rib fractures. Patchy sclerotic changes in the visualised lower cervical vertebrae from C5-C7 as well as mild sclerosis at T1 are suspicious for metastases. CONCLUSION Findings suspicious for locally invasive prostatic malignancy involving the left seminal vesicle. Associated mild thickening of the posterior wall of the urinary bladder noted. Likely metastatic pelvic adenopathy mainly involving the left iliac groups. The nodule inseparable from the infrarenal abdominal aorta may represent further enlarged lymph node rather than due to aortic pathology. No hydronephrosis. Patchy sclerotic changes in the lower cervical vertebrae as well as mild sclerosis within T1 vertebra are suspicious for metastatic disease in this context. Multiple healing right rib fractures. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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