# Row 6508

Visit Number: 54a8d06771161534b76636ecd0067560f7e9231522f7e832403b418bc27a2623

Masked\_PatientID: 6499

Order ID: 2208f661973e4948932e1b16aa8147f2babccab8865d22cd73d1d5937e06d5a6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/9/2020 10:10

Line Num: 1

Text: HISTORY persistent fever for evalution background prostate ca cx spine comp s/p decomp and fusion; recurrent UTI TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with previous CT chest, abdomen, and pelvis dated 13/07/2019 and CT abdomen and pelvis dated 16/07/2020. THORAX No suspicious pulmonary nodule, consolidation, or pleural effusion. Previously seen middle lobe nodule is not apparent onthis current scan. New tiny nodules in the right upper lobe are nonspecific (4-37 and 4-38). Right basal lung scarring with traction bronchiectasis. The central airways are patent. No significantly enlarged axillary, supraclavicular, mediastinal, or hilar node. Heart size is within normal limits. Atherosclerotic coronary disease. No pericardial effusion. There is normal opacification of the mediastinal vessels. Bilateral gynaecomastia. The thyroid is unremarkable. ABDOMEN ANDPELVIS Stable liver and renal hypodensities, the larger of which likely representing cysts while the smaller ones remain too small to characterize. There is normal opacification of the hepatic and portal veins. The gallbladder is unremarkable.The common bile duct is mildly dilated without obvious obstructing distal calculus or stricture. The spleen, pancreas, and adrenals are unremarkable. Subcentimeter splenunculi noted. No hydroureteronephrosis. An indwelling catheter is noted within the collapsed urinary bladder. There is again asymmetrical enlargement of the left half of prostate with infiltration of the left seminal vesicle. Bowel loops are normal in calibre. Stable subcentimeter left obturator and external iliacnodes, smaller since CT of 13/07/2019. Stable saccular infrarenal aortic aneurysm measuring up to 2.8 cm (9-85) just superior to the aortic bifurcation. No ascites, discrete collection, or pneumoperitoneum. BONES Partially imaged posterior cervicothoracic spinal instrumentation of C3 to T8. Largely stable known sclerotic osseous metastases in the imaged cervical vertebrae. Stable tiny sclerotic focus in L2 vertebra (9-70), new since CT of 13/07/2019, is suspicious for metastasis. Increased sclerosis of known osseous metastases in the thoracic vertebrae (eg. 5-55 from prev 6-57) and right iliac bone may represent treatment flare response (9-135 from prev 2-122). CONCLUSION No definitive intrathoracic or abdominopelvic source of sepsis identified. Stable subcentimeter left obturator and external iliac nodes, smaller since CT of 13/07/2019. Largely stable known sclerotic osseous metastases in the imaged cervical vertebrae. Increased sclerosis of known osseous metastases in the thoracic vertebrae and right iliac bone may represent treatment flare response. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 7dffb72b0ee5db445c75723a85dcd88fe861f6876ef953f10eaf694859d582bb

Updated Date Time: 15/9/2020 14:15

## Layman Explanation

This radiology report discusses HISTORY persistent fever for evalution background prostate ca cx spine comp s/p decomp and fusion; recurrent UTI TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with previous CT chest, abdomen, and pelvis dated 13/07/2019 and CT abdomen and pelvis dated 16/07/2020. THORAX No suspicious pulmonary nodule, consolidation, or pleural effusion. Previously seen middle lobe nodule is not apparent onthis current scan. New tiny nodules in the right upper lobe are nonspecific (4-37 and 4-38). Right basal lung scarring with traction bronchiectasis. The central airways are patent. No significantly enlarged axillary, supraclavicular, mediastinal, or hilar node. Heart size is within normal limits. Atherosclerotic coronary disease. No pericardial effusion. There is normal opacification of the mediastinal vessels. Bilateral gynaecomastia. The thyroid is unremarkable. ABDOMEN ANDPELVIS Stable liver and renal hypodensities, the larger of which likely representing cysts while the smaller ones remain too small to characterize. There is normal opacification of the hepatic and portal veins. The gallbladder is unremarkable.The common bile duct is mildly dilated without obvious obstructing distal calculus or stricture. The spleen, pancreas, and adrenals are unremarkable. Subcentimeter splenunculi noted. No hydroureteronephrosis. An indwelling catheter is noted within the collapsed urinary bladder. There is again asymmetrical enlargement of the left half of prostate with infiltration of the left seminal vesicle. Bowel loops are normal in calibre. Stable subcentimeter left obturator and external iliacnodes, smaller since CT of 13/07/2019. Stable saccular infrarenal aortic aneurysm measuring up to 2.8 cm (9-85) just superior to the aortic bifurcation. No ascites, discrete collection, or pneumoperitoneum. BONES Partially imaged posterior cervicothoracic spinal instrumentation of C3 to T8. Largely stable known sclerotic osseous metastases in the imaged cervical vertebrae. Stable tiny sclerotic focus in L2 vertebra (9-70), new since CT of 13/07/2019, is suspicious for metastasis. Increased sclerosis of known osseous metastases in the thoracic vertebrae (eg. 5-55 from prev 6-57) and right iliac bone may represent treatment flare response (9-135 from prev 2-122). CONCLUSION No definitive intrathoracic or abdominopelvic source of sepsis identified. Stable subcentimeter left obturator and external iliac nodes, smaller since CT of 13/07/2019. Largely stable known sclerotic osseous metastases in the imaged cervical vertebrae. Increased sclerosis of known osseous metastases in the thoracic vertebrae and right iliac bone may represent treatment flare response. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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