# Row 6542

Visit Number: 22e243ae310b5016ba2f90989679684aa373ada4e41ca2362f8d99f77df2e28c

Masked\_PatientID: 6542

Order ID: 2ff49e624c485ae5cef3458f9a6ea79339a9f7d5acc958497800eacff2035720

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/12/2018 10:45

Line Num: 1

Text: HISTORY Multiple supraclavicular + axillary LN ?lymphoproliferative disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS MRI right arm dated 19 December 2018 was reviewed There is again seen extensive marked right axillary adenopathy. There also multiple enlarged nodes seen in the mediastinum and bilateral hila. For example, subaortic node measures up to 19 mm short axis The heart is not enlarged. There is no pericardial or pleural effusion. Mediastinal vessels are grossly patent. No suspicious pulmonary nodule or consolidation is seen in the lungs. There is right basal atelectasis secondary to elevation of the right hemidiaphragm, which is probably due to eventration. There is suggestion of a 12/05 5 mm pleural based nodule in the posterior right hemithorax which is nonspecific (5-56). There are multiple enlarged left gastric, peri celiac, retroperitoneal and bilateral iliac (common, external, internal) nodes. For example , para-aortic node measuring 16 mm in short axis. Multiple hypodensities in both kidneys are suspicious for renal involvement of disease. Focal scarring in the right kidney upper pole. There is no hydronephrosis. Symmetric perinephric fluid fat stranding is nonspecific. There is also nodular soft tissue seen in the anterior pararenal fat measuring about 4.5 x 1.1 cm. (7-66) There are couple of subcentimetre hypodensities in the left hepatic lobe which are too small to characterise. Tiny calcified gallstone noted in the gallbladder. Mild thickening of the gallbladder fundus could represent adenomyomatosis. Biliary tree is not dilated. The pancreas is and adrenal glands are unremarkable. There multiple small hypodensities in the enenlarged liver which are indeterminate. Small splenunculus is noted. There is a 7 mm soft tissue nodule in the right upper quadrant in between the right hemidiaphragm and liver dome, nonspecific (7-12). Bowel loops are normal in calibre. No significant ascites. Urinary bladder is partially distended cannot be accurately assessed. Seminal vesicles appear bulky. No gross destructive bony lesion identified. CONCLUSION There is extensive supra and infradiaphragmatic adenopathy, most marked at the right axilla but also involving the mediastinum, bilateral hilar, left gastric, peri celiac, retroperitoneal and bilateral iliac stations.Probable bilateral renal involvement as well as disease in the anterior left para renal mass. Multiple small hypodensities in the spleen are indeterminate. Overall appearance could represent lymphoma – histological correlation is suggested. TB considered less likely due to absence of other typical findings. Please refer to the report of the CT neck performed the same day for findings about the thoracic inlet. May need further action Finalised by: <DOCTOR>

Accession Number: 59573b483c2a8b11e99738bf1b3d26f7f3df5ec7dc349182a2a6dcf8edb09224

Updated Date Time: 29/12/2018 12:16

## Layman Explanation

This radiology report discusses HISTORY Multiple supraclavicular + axillary LN ?lymphoproliferative disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS MRI right arm dated 19 December 2018 was reviewed There is again seen extensive marked right axillary adenopathy. There also multiple enlarged nodes seen in the mediastinum and bilateral hila. For example, subaortic node measures up to 19 mm short axis The heart is not enlarged. There is no pericardial or pleural effusion. Mediastinal vessels are grossly patent. No suspicious pulmonary nodule or consolidation is seen in the lungs. There is right basal atelectasis secondary to elevation of the right hemidiaphragm, which is probably due to eventration. There is suggestion of a 12/05 5 mm pleural based nodule in the posterior right hemithorax which is nonspecific (5-56). There are multiple enlarged left gastric, peri celiac, retroperitoneal and bilateral iliac (common, external, internal) nodes. For example , para-aortic node measuring 16 mm in short axis. Multiple hypodensities in both kidneys are suspicious for renal involvement of disease. Focal scarring in the right kidney upper pole. There is no hydronephrosis. Symmetric perinephric fluid fat stranding is nonspecific. There is also nodular soft tissue seen in the anterior pararenal fat measuring about 4.5 x 1.1 cm. (7-66) There are couple of subcentimetre hypodensities in the left hepatic lobe which are too small to characterise. Tiny calcified gallstone noted in the gallbladder. Mild thickening of the gallbladder fundus could represent adenomyomatosis. Biliary tree is not dilated. The pancreas is and adrenal glands are unremarkable. There multiple small hypodensities in the enenlarged liver which are indeterminate. Small splenunculus is noted. There is a 7 mm soft tissue nodule in the right upper quadrant in between the right hemidiaphragm and liver dome, nonspecific (7-12). Bowel loops are normal in calibre. No significant ascites. Urinary bladder is partially distended cannot be accurately assessed. Seminal vesicles appear bulky. No gross destructive bony lesion identified. CONCLUSION There is extensive supra and infradiaphragmatic adenopathy, most marked at the right axilla but also involving the mediastinum, bilateral hilar, left gastric, peri celiac, retroperitoneal and bilateral iliac stations.Probable bilateral renal involvement as well as disease in the anterior left para renal mass. Multiple small hypodensities in the spleen are indeterminate. Overall appearance could represent lymphoma – histological correlation is suggested. TB considered less likely due to absence of other typical findings. Please refer to the report of the CT neck performed the same day for findings about the thoracic inlet. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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