# Row 6838

Visit Number: 41e0a1cb3915459d4a4d3891398e0970d04e19110aa58e57d19f355647b81cdb

Masked\_PatientID: 6836

Order ID: 7e9a2a30aad23fdd3253ed86fcf578ede898ad5cfed1610a970de2f231a0585f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 03/5/2015 13:10

Line Num: 1

Text: HISTORY Subcutaneous Panniculitic T cell lymphoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison was made with previous CT studies of 14 and 23 January 2015. THORAX No suspicious pulmonary nodule, pleural nodularity or effusion is seen. The trachea and major bronchi are patent. Dependent atelectasis is noted. The cardiac and mediastinal configuration is normal. The great vessels opacify normally. There is no pericardial effusion. No enlarged mediastinal lymph node is seen. Stable subcentimetre right upper paratracheal lymph node (image 4/12). ABDOMEN & PELVIS The right inguinal and right external iliac lymph nodes have decreased in size; small right groin lymph node is currently seen. The adjacent subcutaneous fat stranding is improved since the previous study, with residual mild fat stranding currently. Scarring in the right groin is likely secondaryto previous biopsy. Scattered subcentimetre calcific foci in the liver are stable, likely representing calcified granulomata. No focal hepatic mass is seen. The gallbladder, spleen, pancreas, adrenal glands, kidneys and urinary bladder are unremarkable. No contour deforming mass of the uterus is seen. The bowel is not dilated. There is no enlarged para-aortic lymph node. No destructive bony lesion is seen. There is a stable lucent lesion with a thick sclerotic border and narrow zone of transition in the left superior pubic ramus, likely representing a non-aggressive lesion. CONCLUSION Right inguinal and right external iliac lymph nodes have decreased in size. Adjacent subcutaneous fat stranding has improved.No enlarged thoracic or upper abdominal lymph node. Known / Minor Reported by: <DOCTOR>

Accession Number: d7dd7349729a8a768d188c1939b506bec96d71e753baf84073a1a6eeacd2fb31

Updated Date Time: 04/5/2015 12:02

## Layman Explanation

This radiology report discusses HISTORY Subcutaneous Panniculitic T cell lymphoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS Comparison was made with previous CT studies of 14 and 23 January 2015. THORAX No suspicious pulmonary nodule, pleural nodularity or effusion is seen. The trachea and major bronchi are patent. Dependent atelectasis is noted. The cardiac and mediastinal configuration is normal. The great vessels opacify normally. There is no pericardial effusion. No enlarged mediastinal lymph node is seen. Stable subcentimetre right upper paratracheal lymph node (image 4/12). ABDOMEN & PELVIS The right inguinal and right external iliac lymph nodes have decreased in size; small right groin lymph node is currently seen. The adjacent subcutaneous fat stranding is improved since the previous study, with residual mild fat stranding currently. Scarring in the right groin is likely secondaryto previous biopsy. Scattered subcentimetre calcific foci in the liver are stable, likely representing calcified granulomata. No focal hepatic mass is seen. The gallbladder, spleen, pancreas, adrenal glands, kidneys and urinary bladder are unremarkable. No contour deforming mass of the uterus is seen. The bowel is not dilated. There is no enlarged para-aortic lymph node. No destructive bony lesion is seen. There is a stable lucent lesion with a thick sclerotic border and narrow zone of transition in the left superior pubic ramus, likely representing a non-aggressive lesion. CONCLUSION Right inguinal and right external iliac lymph nodes have decreased in size. Adjacent subcutaneous fat stranding has improved.No enlarged thoracic or upper abdominal lymph node. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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