# Row 6997

Visit Number: 010676ab5845f99845dab31736f90903c64eaec208ce7d4ffcda4f655cf31467

Masked\_PatientID: 6991

Order ID: e3444bbd74307734fd6caa0ff48035227ec9ca5736b8618272fdf639aa60dbf3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/4/2018 15:13

Line Num: 1

Text: HISTORY Metastatic rectal CA s/p ULAR & liver metastactomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was done with prior CT urogram dated 17/11/2017 , CT PA dated 10/11/2017 and CT chest abdomen and pelvis dated 31/05/2017. CHEST The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. Scarring with bronchiectasis, likely sequela of prior infection in the right upper lobe is again noted. Small focal scarring is also noted in the left lung apex. There is a tiny 2 mm nodule noted in the lingula of the left lobe (5/64) is stable. No other suspicious pulmonary nodules or areas of consolidation present. There is mild elevation of the left hemidiaphragm. ABDOMEN AND PELVIS Status post ultra-low anterior resection, reversal of ileostomy and wedge resection of segment III metastasis. There is stable presacral soft tissue thickening, likely related to postsurgical changes. No suspicious mass noted at the anastomosis to suggest recurrence. The bowel calibre is unremarkable. No evidence of intra-abdominal or pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. No suspicious focal hepatic lesions. The portal and hepatic veins demonstrate normal contrast opacification. The gallbladder is partially distended. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals and both kidneys appear unremarkable. The urinary bladder is moderately distended andappears unremarkable. The prostate is mildly enlarged. There are no destructive bony lesions. CONCLUSION -Status post anterior resection and resection of segment III metastasis. No evidence of local recurrence or metastases. -Tiny nonspecific stable nodule in the lingula. -Mild elevation of the left hemidiaphragm. May need further action Reported by: <DOCTOR>

Accession Number: 23988ff9b12ad26088ee8024d61b54a44d0124e40c30c259b3f2ff5aa53674e3

Updated Date Time: 17/4/2018 16:54

## Layman Explanation

This radiology report discusses HISTORY Metastatic rectal CA s/p ULAR & liver metastactomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was done with prior CT urogram dated 17/11/2017 , CT PA dated 10/11/2017 and CT chest abdomen and pelvis dated 31/05/2017. CHEST The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. Scarring with bronchiectasis, likely sequela of prior infection in the right upper lobe is again noted. Small focal scarring is also noted in the left lung apex. There is a tiny 2 mm nodule noted in the lingula of the left lobe (5/64) is stable. No other suspicious pulmonary nodules or areas of consolidation present. There is mild elevation of the left hemidiaphragm. ABDOMEN AND PELVIS Status post ultra-low anterior resection, reversal of ileostomy and wedge resection of segment III metastasis. There is stable presacral soft tissue thickening, likely related to postsurgical changes. No suspicious mass noted at the anastomosis to suggest recurrence. The bowel calibre is unremarkable. No evidence of intra-abdominal or pelvic lymphadenopathy. No evidence of ascites or peritoneal nodules. No suspicious focal hepatic lesions. The portal and hepatic veins demonstrate normal contrast opacification. The gallbladder is partially distended. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals and both kidneys appear unremarkable. The urinary bladder is moderately distended andappears unremarkable. The prostate is mildly enlarged. There are no destructive bony lesions. CONCLUSION -Status post anterior resection and resection of segment III metastasis. No evidence of local recurrence or metastases. -Tiny nonspecific stable nodule in the lingula. -Mild elevation of the left hemidiaphragm. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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