# Row 6991

Visit Number: 173121c0f68a83aa74eee7e5277144c26bbd1b2b8a2baf73566173f9865def51

Masked\_PatientID: 6991

Order ID: 959dc926cba862ead48e2ca214917d379d29ea007bb82f97fe0815c589220527

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/12/2015 12:23

Line Num: 1

Text: HISTORY metastatic CA colon hemoptysis TRO pulmonary metastatic disease TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 25 June 2015 done at NCC. In the thorax, there is again collapse of most of the upper lobe of the right lung, associated with moderate bronchiectasis. There is again a small opacity in the left lung apex, unchanged from before andconsistent with scarring. Scarring is also seen in the right lower lobe. No new pulmonary nodule is detected to suggest a metastasis. No enlarged lymph node is seen in the mediastinum and pulmonary hila. No enlarged supraclavicular lymph node is seen. No pleural or pericardial effusion is detected. In the abdomen, the liver shows no focal lesion to suggest a metastasis. The biliary tree is not dilated. The gallbladder contains a tiny subcentimetre focus of calcification, probably representing a calculus. The spleen, pancreas and adrenal glands are unremarkable. The right kidney shows a small wedge-shaped area of low density in its lower pole, possibly representing an infarct. The right kidney also shows a subcentimetre hypodense lesion in its lower pole, unchanged from before and consistent with a cyst. The left kidney shows a tiny subcentimetre hypodense lesion in its upper pole, consistent with a cyst. There is no hydronephrosis. The patient is post-anterior resection. There is again soft tissue in the pre-sacral space, unchanged from before and probably representing post-surgical changes. The patient is also post-takedown of a defunctioning right ileostomy. At the former ileostomy site, there is herniation of part of the ileum through the anterior abdominal wall. No proximal bowel dilatation is seen to suggest obstruction. In the pelvis, the urinary bladder appears unremarkable. The prostate gland is mildly enlarged. No enlarged lymph node is identified. There is no ascites. No skeletal metastasis is seen. CONCLUSION No pulmonary metastasis is identified. There is again collapse of part of the upper lobe of the right lung, associated with moderate bronchiectasis. Known / Minor Finalised by: <DOCTOR>

Accession Number: cf2e62b0c3eef3f68d1a7fc66424efe6c206dc3948d4523ca21eb6a2ee6e16e0

Updated Date Time: 29/12/2015 14:28

## Layman Explanation

This radiology report discusses HISTORY metastatic CA colon hemoptysis TRO pulmonary metastatic disease TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 25 June 2015 done at NCC. In the thorax, there is again collapse of most of the upper lobe of the right lung, associated with moderate bronchiectasis. There is again a small opacity in the left lung apex, unchanged from before andconsistent with scarring. Scarring is also seen in the right lower lobe. No new pulmonary nodule is detected to suggest a metastasis. No enlarged lymph node is seen in the mediastinum and pulmonary hila. No enlarged supraclavicular lymph node is seen. No pleural or pericardial effusion is detected. In the abdomen, the liver shows no focal lesion to suggest a metastasis. The biliary tree is not dilated. The gallbladder contains a tiny subcentimetre focus of calcification, probably representing a calculus. The spleen, pancreas and adrenal glands are unremarkable. The right kidney shows a small wedge-shaped area of low density in its lower pole, possibly representing an infarct. The right kidney also shows a subcentimetre hypodense lesion in its lower pole, unchanged from before and consistent with a cyst. The left kidney shows a tiny subcentimetre hypodense lesion in its upper pole, consistent with a cyst. There is no hydronephrosis. The patient is post-anterior resection. There is again soft tissue in the pre-sacral space, unchanged from before and probably representing post-surgical changes. The patient is also post-takedown of a defunctioning right ileostomy. At the former ileostomy site, there is herniation of part of the ileum through the anterior abdominal wall. No proximal bowel dilatation is seen to suggest obstruction. In the pelvis, the urinary bladder appears unremarkable. The prostate gland is mildly enlarged. No enlarged lymph node is identified. There is no ascites. No skeletal metastasis is seen. CONCLUSION No pulmonary metastasis is identified. There is again collapse of part of the upper lobe of the right lung, associated with moderate bronchiectasis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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