# Row 7030

Visit Number: 1d7078fefcf59ad3c453564f70115742145a62fc7fd9fa8fa3a8456878fda3d2

Masked\_PatientID: 7026

Order ID: 58f77d258aeb5a0e2fd6aa2ccc56f0ff44fd4a5c840a2136cc0561b2fe082dfc

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/6/2020 15:36

Line Num: 1

Text: HISTORY Loss of weght 5kg over 2 months Significant GERD symptoms affecting appetite History of papillary thyroid carcinoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGSComparison made with CT chest and abdomen of 14/10/2005. Status post total thyroidectomy (Aug 2019). Note is made of I-131 scan of 17/10/2019. There is again note of asymmetrical appearance of the lower neck, with dominant large right internal jugular vein directly apposing adjacent scalenes. Multiple surgical clips in the vicinity in the right lower neck likely represents previous nodal dissection, possibly the cause of less supraclavicular fat compared to the left. Note is made of previous area of I-131 uptake at the right suprasternal notch. There is again a 3 mm lymph node seen between the innominate artery and right brachiocephalic vein (402-18) previously deemed related to the tracer uptake, but this is unchanged in size since CT of 23/9/2002 (2743-58) with no suspicious morphology or size increase. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. Aortic and faint coronary calcifications noted. Mediastinal vasculature enhancenormally. Heart size is mildly enlarged. No pericardial or pleural effusion. No lung mass or sinister nodule is noted. There is no consolidation or ground-glass changes. Minimal atelectasis or scarring in the left lung base. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, biliary tree, pancreas, spleen,adrenals, kidneys, urinary bladder, uterus and both adnexa are unremarkable. No hydronephrosis. Mildly prominent bilateral pelvic venous congestion. The bowel is of normal calibre, with no focal mass or abnormal thickening. A few uncomplicated colonic diverticula are present bilaterally. The stomach shows no abnormal distension. No obvious hiatus hernia. No ascites, peritoneal thickening or omental caking. No free air or inflammatory fat stranding is noted. Abdominal aorta is of normal calibre with scattered calcifications. There is no enlarged lymph nodes seen in the abdomen, pelvis and inguinal region. No destructive bony lesion is seen. CONCLUSION 1. Status post total thyroidectomy with post-surgical changes partially imaged in the lower neck. 2. Tiny 3 mm lymph node posterior to the right suprasternal notch is again seen inferior to the thyroidectomy site, but this is stable on CT since 2002. No other interval mass seen in the vicinity. 3.No distant metastasis, ominous mass or obvious focus of inflammation seen in the thorax, abdomen and pelvis. 4. Other minor findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 25b548758d1acb8e6c2079ad5fc7726c937053627dd39e1d1a731bc0f66c973f

Updated Date Time: 11/6/2020 16:35

## Layman Explanation

This radiology report discusses HISTORY Loss of weght 5kg over 2 months Significant GERD symptoms affecting appetite History of papillary thyroid carcinoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGSComparison made with CT chest and abdomen of 14/10/2005. Status post total thyroidectomy (Aug 2019). Note is made of I-131 scan of 17/10/2019. There is again note of asymmetrical appearance of the lower neck, with dominant large right internal jugular vein directly apposing adjacent scalenes. Multiple surgical clips in the vicinity in the right lower neck likely represents previous nodal dissection, possibly the cause of less supraclavicular fat compared to the left. Note is made of previous area of I-131 uptake at the right suprasternal notch. There is again a 3 mm lymph node seen between the innominate artery and right brachiocephalic vein (402-18) previously deemed related to the tracer uptake, but this is unchanged in size since CT of 23/9/2002 (2743-58) with no suspicious morphology or size increase. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. Aortic and faint coronary calcifications noted. Mediastinal vasculature enhancenormally. Heart size is mildly enlarged. No pericardial or pleural effusion. No lung mass or sinister nodule is noted. There is no consolidation or ground-glass changes. Minimal atelectasis or scarring in the left lung base. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, biliary tree, pancreas, spleen,adrenals, kidneys, urinary bladder, uterus and both adnexa are unremarkable. No hydronephrosis. Mildly prominent bilateral pelvic venous congestion. The bowel is of normal calibre, with no focal mass or abnormal thickening. A few uncomplicated colonic diverticula are present bilaterally. The stomach shows no abnormal distension. No obvious hiatus hernia. No ascites, peritoneal thickening or omental caking. No free air or inflammatory fat stranding is noted. Abdominal aorta is of normal calibre with scattered calcifications. There is no enlarged lymph nodes seen in the abdomen, pelvis and inguinal region. No destructive bony lesion is seen. CONCLUSION 1. Status post total thyroidectomy with post-surgical changes partially imaged in the lower neck. 2. Tiny 3 mm lymph node posterior to the right suprasternal notch is again seen inferior to the thyroidectomy site, but this is stable on CT since 2002. No other interval mass seen in the vicinity. 3.No distant metastasis, ominous mass or obvious focus of inflammation seen in the thorax, abdomen and pelvis. 4. Other minor findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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