# Row 707

Visit Number: 4aed5d8b0391db2681851f8eb9584bd2090b3c77dc90c64c15824c5f630146d7

Masked\_PatientID: 707

Order ID: 3cbf036a923cace4e96c807cf03944ed5dab3ede830e6a3f420299eb9d165f0a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/6/2017 20:17

Line Num: 1

Text: HISTORY anterior abdominal wall abscess vs malignancy b/g colorectal ca s/p R hemicolect 2011 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Rectal contrast was administered. FINDINGS The prior CT chest abdomen and pelvis of 10/6/2016 was reviewed. Chest A wedge-shaped opacity in the lingula is stable from before and may represent atelectasis. Atelectatic changes are also seen in both lower lobes, more so on the left. The lungs reveal no ominous nodules or mass. There is no pleural effusion. There are no enlarged supraclavicular, mediastinal or hilar lymph nodes. The trachea and central airways are patent. The mediastinal vessels show normal opacification. The heart is not enlarged. There is no pericardial effusion. Abdomen and Pelvis The liver reveals innumerable hypodensities, the largest measuring 1.1 cm at the superior aspect of segment VIII and representing a cyst. Other smaller subcentimetre hypodensities are too small to characterise. The hepatic veins, portal vein branches and spleno-portal venous axis are patent. The biliary tree is normal in calibre. There is mural calcification of the gall bladder, probably dystrophic in nature. Some stones are seen within. No evidence of acute cholecystitis is seen. Stable 1.1 cm hypodensities again seen at the postero-inferior and antero-medial aspect of the spleen (se 7-37 and se 7-32, respectively) are indeterminate but may represent fatty infiltration. The pancreas and adrenal glands are unremarkable. Both kidneys are atrophic in keeping with end-stage disease. Multiple cysts are again seen. The lower pole of the right kidney shows a large 4.6 cmhyperdense cyst (se 7-75). Stable renal calcifications are non-specific. Stable small volume left para-aortic and internal iliac lymph nodes are again seen. No intra-abdominal free fluid or peritoneal nodularity is detected. The uterus and ovaries are unremarkable. The urinary bladder is collapsed and cannot be assessed. No adnexal mass is seen. Status post-right hemicolectomy and partial small bowel resection. The surgical bed is unremarkable with no evidence of tumour recurrence. Multiple uncomplicated diverticula are seen in the sigmoid colon. The bowel loops are normal in calibre. The anterior abdominal wall reveals a 4.7 x 2.0 x 3.6 cm homogenous isodense lesion in the right para-umbilical region (se 7-88) with associated stranding of the adjacent subcutaneous fat and mild thickening of the overlying skin. A stable 1.3 x 1.9 cm right perineal hypodensity (se 7-140) may represent a Bartholin cyst. The thoraco-lumbar spine reveals evidence of degenerative change with schmorl’s nodes again seen in the T9 and T10 vertebrae. No destructive bony process is detected. CONCLUSION 1. Status post-right hemicolectomy and partial small bowel resection. 2. No evidence of tumour recurrence or distantmetastasis. 3. Anterior abdominal wall lesion as detailed with associated inflammatory change likely represents an infection collection, although a solid mass cannot be definitively ruled out. 4. Polycystic kidney disease. 5. Other minor findings as detailed. May need further action Reported by: <DOCTOR>

Accession Number: 84294311a20b54ceddccdde00da6280152dff7d42136e30da3ebd3bc327930a9

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## Layman Explanation

This radiology report discusses HISTORY anterior abdominal wall abscess vs malignancy b/g colorectal ca s/p R hemicolect 2011 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Rectal contrast was administered. FINDINGS The prior CT chest abdomen and pelvis of 10/6/2016 was reviewed. Chest A wedge-shaped opacity in the lingula is stable from before and may represent atelectasis. Atelectatic changes are also seen in both lower lobes, more so on the left. The lungs reveal no ominous nodules or mass. There is no pleural effusion. There are no enlarged supraclavicular, mediastinal or hilar lymph nodes. The trachea and central airways are patent. The mediastinal vessels show normal opacification. The heart is not enlarged. There is no pericardial effusion. Abdomen and Pelvis The liver reveals innumerable hypodensities, the largest measuring 1.1 cm at the superior aspect of segment VIII and representing a cyst. Other smaller subcentimetre hypodensities are too small to characterise. The hepatic veins, portal vein branches and spleno-portal venous axis are patent. The biliary tree is normal in calibre. There is mural calcification of the gall bladder, probably dystrophic in nature. Some stones are seen within. No evidence of acute cholecystitis is seen. Stable 1.1 cm hypodensities again seen at the postero-inferior and antero-medial aspect of the spleen (se 7-37 and se 7-32, respectively) are indeterminate but may represent fatty infiltration. The pancreas and adrenal glands are unremarkable. Both kidneys are atrophic in keeping with end-stage disease. Multiple cysts are again seen. The lower pole of the right kidney shows a large 4.6 cmhyperdense cyst (se 7-75). Stable renal calcifications are non-specific. Stable small volume left para-aortic and internal iliac lymph nodes are again seen. No intra-abdominal free fluid or peritoneal nodularity is detected. The uterus and ovaries are unremarkable. The urinary bladder is collapsed and cannot be assessed. No adnexal mass is seen. Status post-right hemicolectomy and partial small bowel resection. The surgical bed is unremarkable with no evidence of tumour recurrence. Multiple uncomplicated diverticula are seen in the sigmoid colon. The bowel loops are normal in calibre. The anterior abdominal wall reveals a 4.7 x 2.0 x 3.6 cm homogenous isodense lesion in the right para-umbilical region (se 7-88) with associated stranding of the adjacent subcutaneous fat and mild thickening of the overlying skin. A stable 1.3 x 1.9 cm right perineal hypodensity (se 7-140) may represent a Bartholin cyst. The thoraco-lumbar spine reveals evidence of degenerative change with schmorl’s nodes again seen in the T9 and T10 vertebrae. No destructive bony process is detected. CONCLUSION 1. Status post-right hemicolectomy and partial small bowel resection. 2. No evidence of tumour recurrence or distantmetastasis. 3. Anterior abdominal wall lesion as detailed with associated inflammatory change likely represents an infection collection, although a solid mass cannot be definitively ruled out. 4. Polycystic kidney disease. 5. Other minor findings as detailed. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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