# Row 719

Visit Number: d024200ab229b512cb42e9f53f2250d23ce0b677d79b22ee8ca6fdfe919837d7

Masked\_PatientID: 707

Order ID: 17714dfa60a28dc6340cc635d88fbaeafd4e08cd55da9fb2afd25e6e7a921dbe

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/3/2019 14:43

Line Num: 1

Text: HISTORY ca colon 2011 poorly differnetiated borderline high CEA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with the prior examination of 28 August 2017. Abdomen and pelvis No soft tissue abnormalities seen at the site of the surgical anastomosis to suggest local recurrence. The adjacent peritoneum also appears to be unremarkable and there is no focal suspicious abnormality within the large or small bowel. The uterus is atrophic and adnexa appears unremarkable. There are no enlarged abdominal or pelvic lymph nodes. The liver has a smooth outline and multiple well-defined hypodensities are present scattered throughout the liver. These are similar in appearance to the prior examination. The may represent either small cysts or more likely biliary hamartomas. The gallbladder contains dystrophic wall calcification with no focal suspicious soft tissue mass. The bile ducts are not dilated. The pancreas and both adrenals are unremarkable. The spleen is of normal size and contains two small peripheral hypodense areas that are stable. These are nonspecific. Bilateral renal cysts are present with significant cortical thinning. Caliceal calcification at the left lower pole is suspicious for the presence of a stone. Scattered cysts with wall calcification are present in both kidneys and are similar in appearance to the priorexamination. There is a hyperdense right lower pole 4 cm cyst that is similar in appearance to the prior examination. No hydronephrosis is seen either kidney. The urinary bladder is contracted. Thorax No focal suspicious lung lesion is demonstrated. Minor atelectasis is present in the lateral segment of the middle lobe and also at the lingular segment of the left upper lobe. The airways are unremarkable. Symmetry of the pulmonary vasculature is noted. There are no enlarged hilar or mediastinal lymph nodes. The heart size is normal. No destructive bony lesions are identified. CONCLUSION No evidence of tumour recurrence is seen within the abdomen. There is also no overt evidence of metastatic disease. Multiple small hypodense lesions within the liver are likely small cysts or biliary hamartomas. Small bilateral renal cysts are present and these are unchanged. There is likely a stone present in the lower pole of the left kidney. Report Indicator: Known \ Minor Finalised by: <DOCTOR>

Accession Number: 195e563e796f6295c92e8feec6880e14a369f16be622daaa4ba122df21baa3cb

Updated Date Time: 20/3/2019 18:32

## Layman Explanation

This radiology report discusses HISTORY ca colon 2011 poorly differnetiated borderline high CEA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with the prior examination of 28 August 2017. Abdomen and pelvis No soft tissue abnormalities seen at the site of the surgical anastomosis to suggest local recurrence. The adjacent peritoneum also appears to be unremarkable and there is no focal suspicious abnormality within the large or small bowel. The uterus is atrophic and adnexa appears unremarkable. There are no enlarged abdominal or pelvic lymph nodes. The liver has a smooth outline and multiple well-defined hypodensities are present scattered throughout the liver. These are similar in appearance to the prior examination. The may represent either small cysts or more likely biliary hamartomas. The gallbladder contains dystrophic wall calcification with no focal suspicious soft tissue mass. The bile ducts are not dilated. The pancreas and both adrenals are unremarkable. The spleen is of normal size and contains two small peripheral hypodense areas that are stable. These are nonspecific. Bilateral renal cysts are present with significant cortical thinning. Caliceal calcification at the left lower pole is suspicious for the presence of a stone. Scattered cysts with wall calcification are present in both kidneys and are similar in appearance to the priorexamination. There is a hyperdense right lower pole 4 cm cyst that is similar in appearance to the prior examination. No hydronephrosis is seen either kidney. The urinary bladder is contracted. Thorax No focal suspicious lung lesion is demonstrated. Minor atelectasis is present in the lateral segment of the middle lobe and also at the lingular segment of the left upper lobe. The airways are unremarkable. Symmetry of the pulmonary vasculature is noted. There are no enlarged hilar or mediastinal lymph nodes. The heart size is normal. No destructive bony lesions are identified. CONCLUSION No evidence of tumour recurrence is seen within the abdomen. There is also no overt evidence of metastatic disease. Multiple small hypodense lesions within the liver are likely small cysts or biliary hamartomas. Small bilateral renal cysts are present and these are unchanged. There is likely a stone present in the lower pole of the left kidney. Report Indicator: Known \ Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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