# Row 7135

Visit Number: 6fb6b76a40821072b24deb2d1f1d1fb85f8b478f8ee82a30a43a50d7c60cf5f4

Masked\_PatientID: 7135

Order ID: 8952d0e8771feb0559e29828114caf60d0bde44a933b5ef50c36eb6aa008f07f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/8/2016 19:55

Line Num: 1

Text: HISTORY B/G Met prostate cancer on enzalutanide admitted for worsening breathlessness. for restaging ( to enclude PE protocol ) B/g splenic flexure tubulovillus adenoma s/p left hemicolectomy TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The chest radiograph on 16 August 2016 and CT Chest, abdomen and pelvis on 18 March 2016 are reviewed. There is no filling defect within the pulmonary arteries. The right and left main pulmonary arteries are slightly dilated at 25 mm. The pulmonary trunk is of normal calibre. The RV:LV ratio is <1. The heart is enlarged. No significant pericardial effusion is seen. Calcification of the aortic valve and aorta is noted. There is a patch of consolidation in the right upper lobe posterior segment (401-40). A stable 2 mm nodule is seen in the middle lobe medial segment (401-63). Biapical scarring is noted. There are moderate bilateral pleural effusions with compressive atelectasis. The major airways are patent. There is no significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. Status post left hemicolectomy. The remnant bowel is of normal calibre and distribution. There are multiple hypoenhancing masses in the liver. The largest is 58 x 59 x 76 mm in hepatic segment 6/7 (501-50, 503-30) has increased in size compared to prior 31 x 23 mm (2-71). There is also a central area of hypodensity within this mass that is suspicious for necrosis. Peripheral subcapsular hypodensity is currently seen lateral to the largest mass. The other hypodense masses are stable in size e.g. 17 x 24 mm mass just medial to the largest mass (501-36). There are uncomplicated gallstones. The biliary tree, pancreas, spleen and adrenals are unremarkable. The right kidney shows a transverse lie. The left kidney is normal. The urinary bladder shows a thickened trabeculated wall suggesting chronic of obstruction. The prostate is lobular and enlarged with likely invasion of the enlarged left seminal vesicle. There is small amount of ascites in the pelvis. No pneumoperitoneum or significantly enlarged lymph node is identified. There is debris or sebaceous cyst at the paraumbilical region. There is stable fusion of the right upper sacroiliac joint. A stable 26 x 15 mm lucent medullary lesion with sclerotic rim in the right proximal femur may be a fibrous dysplasia. CONCLUSION 1. No pulmonary embolism. 2. Consolidation in the right upper lobe posterior segment with bilateral moderate pleural effusions. 3. Non-specific nodule in the middle lobe is stable, may be benign. 4. Status post left hemicolectomy; the remnant bowel is grossly unremarkable. 5. Multiple masses in the liver are suspicious for metastases. The largest in segment 6/7 has increased in size with central necrosis. The rest are relatively stable. 6. Prostate cancer with likely invasion of the left seminal vesicle and causing chronic bladder outlet obstruction. 7. The bone findings are stable and more sensitive on the prior bone scan. 8. Other minor findings as detailed. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 821e5145914dc0acca56ac28d3bb3e5e838b115d353ac61d9de99abddff88d57

Updated Date Time: 17/8/2016 11:26

## Layman Explanation

This radiology report discusses HISTORY B/G Met prostate cancer on enzalutanide admitted for worsening breathlessness. for restaging ( to enclude PE protocol ) B/g splenic flexure tubulovillus adenoma s/p left hemicolectomy TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The chest radiograph on 16 August 2016 and CT Chest, abdomen and pelvis on 18 March 2016 are reviewed. There is no filling defect within the pulmonary arteries. The right and left main pulmonary arteries are slightly dilated at 25 mm. The pulmonary trunk is of normal calibre. The RV:LV ratio is <1. The heart is enlarged. No significant pericardial effusion is seen. Calcification of the aortic valve and aorta is noted. There is a patch of consolidation in the right upper lobe posterior segment (401-40). A stable 2 mm nodule is seen in the middle lobe medial segment (401-63). Biapical scarring is noted. There are moderate bilateral pleural effusions with compressive atelectasis. The major airways are patent. There is no significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. Status post left hemicolectomy. The remnant bowel is of normal calibre and distribution. There are multiple hypoenhancing masses in the liver. The largest is 58 x 59 x 76 mm in hepatic segment 6/7 (501-50, 503-30) has increased in size compared to prior 31 x 23 mm (2-71). There is also a central area of hypodensity within this mass that is suspicious for necrosis. Peripheral subcapsular hypodensity is currently seen lateral to the largest mass. The other hypodense masses are stable in size e.g. 17 x 24 mm mass just medial to the largest mass (501-36). There are uncomplicated gallstones. The biliary tree, pancreas, spleen and adrenals are unremarkable. The right kidney shows a transverse lie. The left kidney is normal. The urinary bladder shows a thickened trabeculated wall suggesting chronic of obstruction. The prostate is lobular and enlarged with likely invasion of the enlarged left seminal vesicle. There is small amount of ascites in the pelvis. No pneumoperitoneum or significantly enlarged lymph node is identified. There is debris or sebaceous cyst at the paraumbilical region. There is stable fusion of the right upper sacroiliac joint. A stable 26 x 15 mm lucent medullary lesion with sclerotic rim in the right proximal femur may be a fibrous dysplasia. CONCLUSION 1. No pulmonary embolism. 2. Consolidation in the right upper lobe posterior segment with bilateral moderate pleural effusions. 3. Non-specific nodule in the middle lobe is stable, may be benign. 4. Status post left hemicolectomy; the remnant bowel is grossly unremarkable. 5. Multiple masses in the liver are suspicious for metastases. The largest in segment 6/7 has increased in size with central necrosis. The rest are relatively stable. 6. Prostate cancer with likely invasion of the left seminal vesicle and causing chronic bladder outlet obstruction. 7. The bone findings are stable and more sensitive on the prior bone scan. 8. Other minor findings as detailed. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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