# Row 7262

Visit Number: f6235e8401d9d659fd5b49f563c8cf67e0a5aafc9b6c1a6e74e5871fabeb7983

Masked\_PatientID: 7261

Order ID: d8452c226bd9eb6eacdad5dd93f9353c2abfaa95e96e97062185aa7ba8ed16a4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/5/2018 8:48

Line Num: 1

Text: HISTORY b/g metastasis CRC with I/O symptoms for restaging TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 79 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison was made with the CT scan of 5.3.18. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There are small nodulesin both lungs. Right lung has a 7 mm nodule in image 6-17, stable, a 4 mm nodule in image 6-32, marginally larger; a 14 x 11 mm nodule more rounded appearance and slightly larger, image 6-49; a 9mm nodule , image 6-49, marginally larger. Left lung has a 5 mm nodule, image6-43, stable; a 5 mm nodule in image 6-36, stable. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. Right kidney has a couple of low attenuation foci, too small to characterise. No hydronephrosis or calculi is seen. Left kidney shows delayed excretion of contrast with dilated renal pelvis and ureter. The point of obstruction appears to be an irregular 9 x 12 mm mass at the left lateral pelvic wall, may be enlarged nodes or tumour secondary, image 7-99. There are a few cysts in the left kidney. The patient is status post anterior resection and bilateral oophorectomy. There is no mass at the anastomosis site. Bowel loops are not dilated in appearance. There are nodules in the peritoneum example a 16 x 7 mm nodule in image7-74, ; a 31 x 28 cm nodule in image 7-51; a couple of 7 mm and 9 mm nodules in image7-81, marginally larger. There is a 14 x 11 soft tissue layer/nodule below the lower midline abdominal scar in image 7-62, new finding. A few uncomplicated diverticula in the right colon. Uterus is unremarkable. The urinary bladder is underdistended. No significantly enlarged para or aortic or right lymph node is seen. No free intraperitoneal fluid is detected. Degenerative bony changes and a scoliosis noted. CONCLUSION Lung nodules, most are stable, a few right lobe nodules appear marginally larger. Bowel loops are not dilated in appearance. There is no mass at anastomosis. The known peritoneal nodules are larger. New finding of a possible nodule below the mid abdominal scar. Obstruction of left urinary system with mild to moderate hydronephrosis. The site of obstruction is at left lateral pelvic wall mass, which maybe nodes or tumour secondary. May need further action Finalised by: <DOCTOR>

Accession Number: 7229043911dd9f32c691b365ce912793632a099c7c605983cba58680e6651a2b

Updated Date Time: 23/5/2018 10:30

## Layman Explanation

This radiology report discusses HISTORY b/g metastasis CRC with I/O symptoms for restaging TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 79 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison was made with the CT scan of 5.3.18. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. There are small nodulesin both lungs. Right lung has a 7 mm nodule in image 6-17, stable, a 4 mm nodule in image 6-32, marginally larger; a 14 x 11 mm nodule more rounded appearance and slightly larger, image 6-49; a 9mm nodule , image 6-49, marginally larger. Left lung has a 5 mm nodule, image6-43, stable; a 5 mm nodule in image 6-36, stable. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. Right kidney has a couple of low attenuation foci, too small to characterise. No hydronephrosis or calculi is seen. Left kidney shows delayed excretion of contrast with dilated renal pelvis and ureter. The point of obstruction appears to be an irregular 9 x 12 mm mass at the left lateral pelvic wall, may be enlarged nodes or tumour secondary, image 7-99. There are a few cysts in the left kidney. The patient is status post anterior resection and bilateral oophorectomy. There is no mass at the anastomosis site. Bowel loops are not dilated in appearance. There are nodules in the peritoneum example a 16 x 7 mm nodule in image7-74, ; a 31 x 28 cm nodule in image 7-51; a couple of 7 mm and 9 mm nodules in image7-81, marginally larger. There is a 14 x 11 soft tissue layer/nodule below the lower midline abdominal scar in image 7-62, new finding. A few uncomplicated diverticula in the right colon. Uterus is unremarkable. The urinary bladder is underdistended. No significantly enlarged para or aortic or right lymph node is seen. No free intraperitoneal fluid is detected. Degenerative bony changes and a scoliosis noted. CONCLUSION Lung nodules, most are stable, a few right lobe nodules appear marginally larger. Bowel loops are not dilated in appearance. There is no mass at anastomosis. The known peritoneal nodules are larger. New finding of a possible nodule below the mid abdominal scar. Obstruction of left urinary system with mild to moderate hydronephrosis. The site of obstruction is at left lateral pelvic wall mass, which maybe nodes or tumour secondary. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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