# Row 7297

Visit Number: 2d6fc26315729633440051b9916346b8ecb63a19e0f44068fafee8673a9dcad6

Masked\_PatientID: 7297

Order ID: 0cccacb4c27633b259b01fc42ee6488bc246d0f554dd1cbf743d25f44d956eb4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/4/2019 10:41

Line Num: 1

Text: HISTORY staging scan for likely gastric Ca TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS No relevant prior CT scans available for comparison at the time of reporting. No significantly enlarged mediastinal, hilar, axillary or lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. Coronary artery calcification is present. Heart size is normal. No pericardial effusion is seen. Moderate to severe pulmonary emphysema is present, worse in the upper lobes. Small nodules are seen in the right upper lobe posterior segment (4 mm, image 401-42) middle lobe lateral segment (3 mm, image 401-52) and right lower lobe (3 mm, image 401-70), lingula (2 mm, 401-63) and left lower lobe (3 mm, 401-76). No pulmonary mass or consolidation is seen. No pleural effusion is detected. Several ill-defined nodules and masses are seen in both hepatic lobes, measuring up to 2.2 cm on the left (501-33) and 4.5 cm on the right (501-46). The gallbladder appears unremarkable and the biliary tree is not dilated. The spleen, pancreas and adrenal glands appear unremarkable. There is symmetrical renal enhancement. A subcentimetre right renal lower pole hypodensity is nonspecific but likely a cyst. No hydronephrosis is detected. The partially contracted urinary bladder, prostate gland and seminal vesicles appear grossly unremarkable. There is irregular mural thickening at the gastric cardia, inseparable from confluent gastrohepatic lymphadenopathy measuring up to 3.0 x 2.9 cm (501-30). Enlarged lymph nodes are also seen along the greater curve of the stomach, measuring up to 1.2 cm short axis (501-37). No significantly enlarged para-aortic or pelvic lymph node is identified. The small and large bowel loops are normal in calibre. There is an endoscopic clip in the descending colon. There is mild ascites. No definite peritoneal or omental nodule is detected. No destructive bone lesion detected. CONCLUSION 1. Irregular gastric cardia mural thickening, suspicious for malignancy. Enlarged perigastric lymph nodes likely represent nodal spread. Mild ascites. No definite peritoneal or omental nodule detected. 2. Ill-defined hepatic lesions, likely metastases. 3. Scattered indeterminate small ( 2 to 4 mm) nodules in both lungs. Moderate to severe pulmonary emphysema. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 65c0ee1e1b17f68ab6f04c7ab1031cc37a71441be5b5c4c9e4206696514a2405

Updated Date Time: 06/4/2019 11:19

## Layman Explanation

This radiology report discusses HISTORY staging scan for likely gastric Ca TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS No relevant prior CT scans available for comparison at the time of reporting. No significantly enlarged mediastinal, hilar, axillary or lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. Coronary artery calcification is present. Heart size is normal. No pericardial effusion is seen. Moderate to severe pulmonary emphysema is present, worse in the upper lobes. Small nodules are seen in the right upper lobe posterior segment (4 mm, image 401-42) middle lobe lateral segment (3 mm, image 401-52) and right lower lobe (3 mm, image 401-70), lingula (2 mm, 401-63) and left lower lobe (3 mm, 401-76). No pulmonary mass or consolidation is seen. No pleural effusion is detected. Several ill-defined nodules and masses are seen in both hepatic lobes, measuring up to 2.2 cm on the left (501-33) and 4.5 cm on the right (501-46). The gallbladder appears unremarkable and the biliary tree is not dilated. The spleen, pancreas and adrenal glands appear unremarkable. There is symmetrical renal enhancement. A subcentimetre right renal lower pole hypodensity is nonspecific but likely a cyst. No hydronephrosis is detected. The partially contracted urinary bladder, prostate gland and seminal vesicles appear grossly unremarkable. There is irregular mural thickening at the gastric cardia, inseparable from confluent gastrohepatic lymphadenopathy measuring up to 3.0 x 2.9 cm (501-30). Enlarged lymph nodes are also seen along the greater curve of the stomach, measuring up to 1.2 cm short axis (501-37). No significantly enlarged para-aortic or pelvic lymph node is identified. The small and large bowel loops are normal in calibre. There is an endoscopic clip in the descending colon. There is mild ascites. No definite peritoneal or omental nodule is detected. No destructive bone lesion detected. CONCLUSION 1. Irregular gastric cardia mural thickening, suspicious for malignancy. Enlarged perigastric lymph nodes likely represent nodal spread. Mild ascites. No definite peritoneal or omental nodule detected. 2. Ill-defined hepatic lesions, likely metastases. 3. Scattered indeterminate small ( 2 to 4 mm) nodules in both lungs. Moderate to severe pulmonary emphysema. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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