# Row 7568

Visit Number: b53a0cb7a52d0c772b0bd0f2c144b862fadc546021703422030ba6399d6def87

Masked\_PatientID: 7561

Order ID: 6433cdae89b415970c8d924acb3ce8b28881a3d197ab939198cefc8517957cdb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/12/2018 10:58

Line Num: 1

Text: HISTORY persistent SOB with abdo distension b/g known gastric Ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with recent CT examination dated 19/10/2018. Thorax: No filling defect is identified in the pulmonary arteries to suggest embolism. The main pulmonary trunk is mildly dilated suggesting pulmonary hypertension. The heart is mildly enlarged. No pericardial effusion. Moderate right and small left pleural effusions are present in basilar atelectasis in the lower lobes. Mild septal thickening and peribronchial thickening bilaterally are also seen and these findings are likely secondary to heart failure. The previously noted air space opacities in the apicoposterior segment of the left upper lobe have resolved. A few tiny nodules are vaguely visualised in the right upper lobe (401-20, 23 25, 41), nonspecific. A tiny calcified granuloma is noted inthe left upper lobe. Several small volume mediastinal lymph nodes are again seen measuring up to 1 cm in short axis in the left paratracheal region. Some of the nodes demonstrate calcification. Abdomen and pelvis: Nodular thickening of the gastric antrum in keeping with submitted history of gastric carcinoma (image 501-64). A few small subcentimetre gastrohepatic nodes are nonspecific. The adrenal glands and pancreas are unremarkable. The kidneys demonstrate symmetrical enhancement. A cyst is again noted in the right interpolar region. A few tiny hypodensities in the kidneys are too small to characterise. The small and large bowel loops are normal in calibre. Mild oedematous mural thickening of the ascendingcolon is nonspecific. There is hepatic cirrhosis. Stable segment VI hypodense nodule remains indeterminate. No new focal hepatic lesion. No biliary dilatation. The portal and splenic veins are patent. Recanalisation of the paraumbilical vein noted. The spleen is mildly enlarged suggesting portal hypertension. Small amount of free fluid is noted in the upper abdomen and pelvis. The urinary bladder is unremarkable. The prostate is not enlarged. Bilateral fat containing inguinal hernias are again noted. No focal destructive bony lesion seen. There is generalised subcutaneous fat stranding suggesting oedema. CONCLUSION No evidence of pulmonary embolism. Mild cardiomegaly with suggestion of pulmonary hypertension. Bilateral interstitial pulmonary congestion and pleural effusions are likely secondary to heart failure. Interval resolution of left upper lobe air space opacities noted. Hepatic cirrhosis with portal hypertension. Stable segment VI hypodense indeterminate nodule. Small volume ascites. Nodular mural thickening of the gastric antrum in keeping with submitted history of gastric carcinoma. Small volume subcentimetre gastrohepatic nodes are nonspecific. May need furtheraction Finalised by: <DOCTOR>

Accession Number: 7a6281f19c618f483e5d8d47327edb45a16da4abfa3d2463edb00f78f79cc5e4

Updated Date Time: 08/12/2018 12:43

## Layman Explanation

This radiology report discusses HISTORY persistent SOB with abdo distension b/g known gastric Ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with recent CT examination dated 19/10/2018. Thorax: No filling defect is identified in the pulmonary arteries to suggest embolism. The main pulmonary trunk is mildly dilated suggesting pulmonary hypertension. The heart is mildly enlarged. No pericardial effusion. Moderate right and small left pleural effusions are present in basilar atelectasis in the lower lobes. Mild septal thickening and peribronchial thickening bilaterally are also seen and these findings are likely secondary to heart failure. The previously noted air space opacities in the apicoposterior segment of the left upper lobe have resolved. A few tiny nodules are vaguely visualised in the right upper lobe (401-20, 23 25, 41), nonspecific. A tiny calcified granuloma is noted inthe left upper lobe. Several small volume mediastinal lymph nodes are again seen measuring up to 1 cm in short axis in the left paratracheal region. Some of the nodes demonstrate calcification. Abdomen and pelvis: Nodular thickening of the gastric antrum in keeping with submitted history of gastric carcinoma (image 501-64). A few small subcentimetre gastrohepatic nodes are nonspecific. The adrenal glands and pancreas are unremarkable. The kidneys demonstrate symmetrical enhancement. A cyst is again noted in the right interpolar region. A few tiny hypodensities in the kidneys are too small to characterise. The small and large bowel loops are normal in calibre. Mild oedematous mural thickening of the ascendingcolon is nonspecific. There is hepatic cirrhosis. Stable segment VI hypodense nodule remains indeterminate. No new focal hepatic lesion. No biliary dilatation. The portal and splenic veins are patent. Recanalisation of the paraumbilical vein noted. The spleen is mildly enlarged suggesting portal hypertension. Small amount of free fluid is noted in the upper abdomen and pelvis. The urinary bladder is unremarkable. The prostate is not enlarged. Bilateral fat containing inguinal hernias are again noted. No focal destructive bony lesion seen. There is generalised subcutaneous fat stranding suggesting oedema. CONCLUSION No evidence of pulmonary embolism. Mild cardiomegaly with suggestion of pulmonary hypertension. Bilateral interstitial pulmonary congestion and pleural effusions are likely secondary to heart failure. Interval resolution of left upper lobe air space opacities noted. Hepatic cirrhosis with portal hypertension. Stable segment VI hypodense indeterminate nodule. Small volume ascites. Nodular mural thickening of the gastric antrum in keeping with submitted history of gastric carcinoma. Small volume subcentimetre gastrohepatic nodes are nonspecific. May need furtheraction Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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