# Row 7565

Visit Number: d6d5a32f66ce29003629fe44ea415be24dceb3f8118ce229dfdd884807b296e1

Masked\_PatientID: 7561

Order ID: efe3a59275ecf84664875ca5c3f66169ad77ad691b11de2d1b9be6e7a37a80ab

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/10/2018 9:45

Line Num: 1

Text: HISTORY Newly diagnosed large antral tumour, for full staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast given FINDINGS Comparison is made to previous CT chest dated 29 December 2008. In the lungs, there are multiple scattered subcentimetre pulmonary nodules. Most of these were present in the previous CT chest in 2008 and are largely unchanged. For example comparing the nodules in the right upper lobe (current image 5/45 with previous 3/38; current 5/52 with previous 3/42; current 5/33 with previous 3/23). Some are new, for example along the right horizontal fissure (current 5/54). They are also nonspecific. There is also a new irregular soft tissue opacity with patchy ground-glass changes in the left upper lobe apicoposterior segment (images 5/26-29). These could be inflammatory/infective in nature and follow-up is suggested. Calcified granuloma is again noted in the left upper lobe. There are small bilateral pleural effusions, right more than left, with adjacent atelectasis of the right lower lobe. No significant pleural thickening or nodularity is noted. There are multiple small volume lymph nodes in the prevascular, paratracheal and hilar region, appearing more prominent in the interim. Some are mildly enlarged, for example one in the left lower paratracheal region which measures 1.1 cm in axial diameter (image 4/43) vs previous 0.7 cm (image 2/36). They are of indeterminate nature. No evidence of gastric outlet obstruction is noted. The rest of the bowel loops are grossly unremarkable. Subcentimetre gastrohepatic lymph nodes are non-specific. No significantly enlarged para-aortic lymph node or ascites is detected. The liver shows an irregular outline, suspicious for cirrhosis. There is a 0.9 cm hypodense nodule in segment VI, which appears largely unchanged compared to CT 1 June 2013 and remains indeterminate in nature. Continue follow-up is suggested. The gallbladder is not seen and the biliary ducts are not dilated. The pancreas, spleen, adrenal glands and kidneys are unremarkable, save for a right renal parapelvic cyst. A few other tiny renal hypodensities are too small to characterise. The prostate gland and urinary bladder are grossly unremarkable. Bilateral inguinal hernias containing mesenteric fat are noted. CONCLUSION 1. Multiple subcentimetre nodules in the lungs, most of which were present in CT chest 29/12/08 and are largely unchanged. Some are new. They remain non-specific in nature. 2. New irregular opacity and ground-glass opacities in the left upper lobe could be inflammatory/infective. Follow-up suggested. 3. Bilateral pleural effusions with atelectasis of the right lower lobe. 4. Small volume mediastinal and hilar lymph nodes are more prominent compared to 2008. Few are mildly enlarged and are of indeterminate nature. 4. No significant intraabdominal adenopathy. Subcentimetre gastrohepatic lymph nodes are indeterminate in nature. 5. Subcentimetre ill-defined hypodensity in segment 6 of the liver is unchanged compared to CT abdomen 1/6/13 and remains non-specific. Underlying liver cirrhosis, possibly related to cardiac disease. Clinical correlation suggested. May need further action Finalised by: <DOCTOR>

Accession Number: 75201f1fb2bd2f1abd64acbdfa8247d4d2d997259610fd2aab417a01ad6d465f

Updated Date Time: 19/10/2018 11:08

## Layman Explanation

This radiology report discusses HISTORY Newly diagnosed large antral tumour, for full staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast given FINDINGS Comparison is made to previous CT chest dated 29 December 2008. In the lungs, there are multiple scattered subcentimetre pulmonary nodules. Most of these were present in the previous CT chest in 2008 and are largely unchanged. For example comparing the nodules in the right upper lobe (current image 5/45 with previous 3/38; current 5/52 with previous 3/42; current 5/33 with previous 3/23). Some are new, for example along the right horizontal fissure (current 5/54). They are also nonspecific. There is also a new irregular soft tissue opacity with patchy ground-glass changes in the left upper lobe apicoposterior segment (images 5/26-29). These could be inflammatory/infective in nature and follow-up is suggested. Calcified granuloma is again noted in the left upper lobe. There are small bilateral pleural effusions, right more than left, with adjacent atelectasis of the right lower lobe. No significant pleural thickening or nodularity is noted. There are multiple small volume lymph nodes in the prevascular, paratracheal and hilar region, appearing more prominent in the interim. Some are mildly enlarged, for example one in the left lower paratracheal region which measures 1.1 cm in axial diameter (image 4/43) vs previous 0.7 cm (image 2/36). They are of indeterminate nature. No evidence of gastric outlet obstruction is noted. The rest of the bowel loops are grossly unremarkable. Subcentimetre gastrohepatic lymph nodes are non-specific. No significantly enlarged para-aortic lymph node or ascites is detected. The liver shows an irregular outline, suspicious for cirrhosis. There is a 0.9 cm hypodense nodule in segment VI, which appears largely unchanged compared to CT 1 June 2013 and remains indeterminate in nature. Continue follow-up is suggested. The gallbladder is not seen and the biliary ducts are not dilated. The pancreas, spleen, adrenal glands and kidneys are unremarkable, save for a right renal parapelvic cyst. A few other tiny renal hypodensities are too small to characterise. The prostate gland and urinary bladder are grossly unremarkable. Bilateral inguinal hernias containing mesenteric fat are noted. CONCLUSION 1. Multiple subcentimetre nodules in the lungs, most of which were present in CT chest 29/12/08 and are largely unchanged. Some are new. They remain non-specific in nature. 2. New irregular opacity and ground-glass opacities in the left upper lobe could be inflammatory/infective. Follow-up suggested. 3. Bilateral pleural effusions with atelectasis of the right lower lobe. 4. Small volume mediastinal and hilar lymph nodes are more prominent compared to 2008. Few are mildly enlarged and are of indeterminate nature. 4. No significant intraabdominal adenopathy. Subcentimetre gastrohepatic lymph nodes are indeterminate in nature. 5. Subcentimetre ill-defined hypodensity in segment 6 of the liver is unchanged compared to CT abdomen 1/6/13 and remains non-specific. Underlying liver cirrhosis, possibly related to cardiac disease. Clinical correlation suggested. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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