# Row 7760

Visit Number: 055c73acfcfb4952ed89d8ac218e1e2efd6785adc3ec3e0f82ae281e8b2e2937

Masked\_PatientID: 7758

Order ID: 23e3bda6a6c1673cd7fcfe4c3a92d1caf1ded2ad5fb569e756510415be235c17

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/11/2015 14:06

Line Num: 1

Text: HISTORY CA RECTUM F/UP; ULAR MAR 2014, SURVEILLENCE SCAN TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil Positive Oral and Rectal Contrast FINDINGS CT abdomen and pelvis of 27/08/2014 and CT thorax of 11/03/2014 were reviewed. THORAX In the lingula segment (3/49) a 5 mm ground-glass nodule is present. Compared with the prior CT, it appears relatively stable in size and appearance. There is small calcified granuloma in the right lower lobe at the posterior basal segment. There is no pulmonary consolidation or pleural effusion. There are a few nodules in the thyroid gland and the sizes are relatively stable. Once again, retromenubrial extension of the thyroid gland is noted. No pericardial effusion or cardiomegaly is seen. There is no significantly enlarged axillary, mediastinal and within limits of this scan, hilar lymph nodes. ABDOMEN PELVIS The patient is status post anterior resection and at the right and side of the colonic anastomosis, relatively stable apparent 9mm nodular focus is noted (8/18). There are several uncomplicated colonic diverticula. No significantly enlarged lymph node is identified in the abdomen and pelvis. There are gallstones. There is cystic lesion at the pancreatic head, measuring 1.9 x 2.1 cm. This may be a cystic neoplasm. The main pancreatic duct is not dilated. The biliary tree is of normal calibre. Few cystic lesions are seen in the right kidney, with the ones at the interpolar region (2.5 x 2.4 cm) is minimally larger from prior 2.2 x 1.9 cm but is still of fluid attenuation. At the right renal lower pole, 4 mm nonobstructing calculus is present. Urinary bladder is not well distended for assessment. The prostate gland is enlarged indents into the bladder base. Within limits of this unenhanced study, no overt mass is seen in the liver, spleen and the adrenal glands. There is no destructive bony lesion. CONCLUSION A small 9mm stable nodular focus adjacent to the colonic anastomosis is non-specific in appearance and likely post-surgical changes. A stable nonspecific ground-glass nodule in the lingula segment of the left lung. Cystic lesion at the pancreatic head may be a cystic neoplasm. A right renal cystic lesion is marginally larger but is still of cystic/fluid attenuation. The other known or minor findings are listed in the report. May need further action Finalised by: <DOCTOR>

Accession Number: 0a00a76e2e6d56f2790beea5e2ad006988b4d48e2c709b80607a1f93c2165094

Updated Date Time: 24/11/2015 12:19

## Layman Explanation

This radiology report discusses HISTORY CA RECTUM F/UP; ULAR MAR 2014, SURVEILLENCE SCAN TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil Positive Oral and Rectal Contrast FINDINGS CT abdomen and pelvis of 27/08/2014 and CT thorax of 11/03/2014 were reviewed. THORAX In the lingula segment (3/49) a 5 mm ground-glass nodule is present. Compared with the prior CT, it appears relatively stable in size and appearance. There is small calcified granuloma in the right lower lobe at the posterior basal segment. There is no pulmonary consolidation or pleural effusion. There are a few nodules in the thyroid gland and the sizes are relatively stable. Once again, retromenubrial extension of the thyroid gland is noted. No pericardial effusion or cardiomegaly is seen. There is no significantly enlarged axillary, mediastinal and within limits of this scan, hilar lymph nodes. ABDOMEN PELVIS The patient is status post anterior resection and at the right and side of the colonic anastomosis, relatively stable apparent 9mm nodular focus is noted (8/18). There are several uncomplicated colonic diverticula. No significantly enlarged lymph node is identified in the abdomen and pelvis. There are gallstones. There is cystic lesion at the pancreatic head, measuring 1.9 x 2.1 cm. This may be a cystic neoplasm. The main pancreatic duct is not dilated. The biliary tree is of normal calibre. Few cystic lesions are seen in the right kidney, with the ones at the interpolar region (2.5 x 2.4 cm) is minimally larger from prior 2.2 x 1.9 cm but is still of fluid attenuation. At the right renal lower pole, 4 mm nonobstructing calculus is present. Urinary bladder is not well distended for assessment. The prostate gland is enlarged indents into the bladder base. Within limits of this unenhanced study, no overt mass is seen in the liver, spleen and the adrenal glands. There is no destructive bony lesion. CONCLUSION A small 9mm stable nodular focus adjacent to the colonic anastomosis is non-specific in appearance and likely post-surgical changes. A stable nonspecific ground-glass nodule in the lingula segment of the left lung. Cystic lesion at the pancreatic head may be a cystic neoplasm. A right renal cystic lesion is marginally larger but is still of cystic/fluid attenuation. The other known or minor findings are listed in the report. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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