# Row 7761

Visit Number: d00851438636e38e548bf47b7ac875afe39c3600d2d586134afb89ed8395209c

Masked\_PatientID: 7758

Order ID: 1b80ece2cc6206aee977d004893aa4525340096f81e11d119a1196390c6988a8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/2/2017 12:31

Line Num: 1

Text: HISTORY CA rectum s/p low anterior resection HOP cystic lesion Surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS CT from 23/11/2015 was reviewed. THORAX Stable left lower lobe ground-glass nodule measures 5 mm (16/47). There is a tiny calcified granuloma in the right lower lobe. The lungs are otherwise clear. There is no pleural effusion. There are several thyroid nodules which are nonspecific in appearance on CT. The nodule at the isthmus is smaller, currently 7 x 7 mm (15/21). The others are relatively stable. Retromanubrial thyroid extension is present. There is no significantly enlarged axillary, mediastinal and hilar nodes. No pericardial effusion is seen. ABDOMEN PELVIS To the right of the colonic anastomosis is stable nonspecific 7 mm focal thickening. There are a few uncomplicated sigmoid colonic diverticula. There is no significantly enlarged lymph node. There is no ascites or pneumoperitoneum. There is a stable 28 x 18 mm cystic lesion in the pancreatic head. There is no dilatation of the pancreatic duct. The biliary tree is not dilated. The gallbladder is contracted and contains stones. There are no changes to suggest acute cholecystitis. Both kidneys are small and scarred. In the right kidney, a 1.9 x 1.9 cm nodule, with high attenuation of 42HU, was previously larger and cysticattenuation. It is likely a complicated cyst. A 10 mm nodule at the left lower pole is dense at 31 HU but it is difficult to compare for size stability. The right lower pole 1.7 cm exophytic cyst is stable and the internal densities seen on the portal venous phase are most likely artefactual ( due to adjacent bowel content) . A few other subcentimeter hypodensities are seen in both kidneys are too small to characterise. A 2 mm nonobstructing right lower pole calculus is present. No hydronephrosis. The spleen and adrenal glands are unremarkable. Prostate gland is enlarged. Urinary bladder is collapsed, limiting assessment. There is no destructive bony lesion. CONCLUSION No evidence of metastases in this study. Stable stable pancreatic head cystic lesion is probably a pancreatic cystic neoplasm. A 10 mm left lower pole nodule is too dense for a simple cyst but cannot be compared for stability. This may be further evaluated on ultrasound ( as an initial examination) to ascertain if this is a cyst or otherwise. A slightly hyperdense nodule at the right kidney is smaller and likely a complicated cyst. Left lung (upper lobe) ground glass nodule is stable. Other findings are listed in the report. May need further action Finalised by: <DOCTOR>

Accession Number: ae5dfb19df59b3431ef49be0ea856e72b2cc0967367534a06f70317a92f0f308

Updated Date Time: 24/2/2017 15:09

## Layman Explanation

This radiology report discusses HISTORY CA rectum s/p low anterior resection HOP cystic lesion Surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 Positive Rectal Contrast FINDINGS CT from 23/11/2015 was reviewed. THORAX Stable left lower lobe ground-glass nodule measures 5 mm (16/47). There is a tiny calcified granuloma in the right lower lobe. The lungs are otherwise clear. There is no pleural effusion. There are several thyroid nodules which are nonspecific in appearance on CT. The nodule at the isthmus is smaller, currently 7 x 7 mm (15/21). The others are relatively stable. Retromanubrial thyroid extension is present. There is no significantly enlarged axillary, mediastinal and hilar nodes. No pericardial effusion is seen. ABDOMEN PELVIS To the right of the colonic anastomosis is stable nonspecific 7 mm focal thickening. There are a few uncomplicated sigmoid colonic diverticula. There is no significantly enlarged lymph node. There is no ascites or pneumoperitoneum. There is a stable 28 x 18 mm cystic lesion in the pancreatic head. There is no dilatation of the pancreatic duct. The biliary tree is not dilated. The gallbladder is contracted and contains stones. There are no changes to suggest acute cholecystitis. Both kidneys are small and scarred. In the right kidney, a 1.9 x 1.9 cm nodule, with high attenuation of 42HU, was previously larger and cysticattenuation. It is likely a complicated cyst. A 10 mm nodule at the left lower pole is dense at 31 HU but it is difficult to compare for size stability. The right lower pole 1.7 cm exophytic cyst is stable and the internal densities seen on the portal venous phase are most likely artefactual ( due to adjacent bowel content) . A few other subcentimeter hypodensities are seen in both kidneys are too small to characterise. A 2 mm nonobstructing right lower pole calculus is present. No hydronephrosis. The spleen and adrenal glands are unremarkable. Prostate gland is enlarged. Urinary bladder is collapsed, limiting assessment. There is no destructive bony lesion. CONCLUSION No evidence of metastases in this study. Stable stable pancreatic head cystic lesion is probably a pancreatic cystic neoplasm. A 10 mm left lower pole nodule is too dense for a simple cyst but cannot be compared for stability. This may be further evaluated on ultrasound ( as an initial examination) to ascertain if this is a cyst or otherwise. A slightly hyperdense nodule at the right kidney is smaller and likely a complicated cyst. Left lung (upper lobe) ground glass nodule is stable. Other 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.