# Row 7945

Visit Number: e27a3cb41eb6fa1cfc02c25e977363a71e4523df14feaa35108f7f20cca113fa

Masked\_PatientID: 7940

Order ID: 6074a8da46621ad0d34b63ad9db7a9a3b371ad127208f160f8d05c0612ec0bc0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/8/2018 14:41

Line Num: 1

Text: HISTORY metastatic colon cancer with extensive bony mets, poor kidney function, for non contrasted scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast - Volume (ml): NIL FINDINGS Previous CT dated 5 June 2018 was reviewed. Lack of intravenous contrast limits the sensitivity of this study. Increase in size and number of multiple bilateral pulmonary nodules in keeping with metastases. These measure up to 1.1 cm in the right lower lobe (203/43). Trachea and central airways are patent. Stable prominent left supraclavicular node measuring 0.7 cm (202/10). No mediastinal, hilar or axillary lymphadenopathy. Tip of the right central line is in the right atrium. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. Stable appearance of the atrophied right hepatic lobe containing a large ill-defined hypodensity with calcifications. Increase in size of several ill-defined bilobar hepatic hypodensities – for e.g. segment 4a: 4.6 cm vs prior 3.4 cm (202/80 vs prior 5/105); segment 2/3, 7.1 cm vs prior 6.1 cm (202/101 vs prior 5/128). Small amount of perihepatic fluid is seen. There are gallstones within the contracted gallbladder. Biliary tree is not dilated. No contour deforming pancreatic or splenic mass. Increased bulkiness of the left adrenal gland without discrete nodule (202/100). Right adrenal gland is unremarkable. A few small low attenuation exophytic lesions in the right kidney may represent cysts. No hydronephrosis. Partially distended urinary bladder is unremarkable. Prostate gland is enlarged. The patient is status post anterior resection and loop colostomy. Anastomotic site is grossly unremarkable. Bowel loops are partially collapsed. No evidence of bowel obstruction. No pneumoperitoneum. Stable enlarged retrocrural, peri-celiac, gastrohepatic, periportal and retroperitoneal lymph nodes, measuring up to 2.8 cm at the portocaval region. Atherosclerotic disease is present. Stable fusiform mild dilatation of the infrarenal abdominal aorta (3.0 cm). No periaortic stranding or haemoperitoneum. Known bony metastases are better delineated on prior MRI dated 17 July 2018. Of note, there is a severe pathological compression fracture of T11 associated with moderate narrowing of the bony spinal canal. New slight loss in vertebral body height of T9 may represent a mild pathological compression fracture. CONCLUSION Known metastatic colon malignancy. Lack of intravenous contrast limits the sensitivity of this study. Since CT dated 16 July 2018: 1. Increase in size and number of pulmonary metastases. 2. Increase in size of several of the bilobar hepaticmetastases. 3. Stable retrocrural, upper abdominal and retroperitoneal adenopathy, suspicious for nodal disease. 4. New bulkiness of the left adrenal gland, indeterminate. 5. Known bony metastases are better delineated on prior MRI. Of note, there is fairly stable appearance of the pathological severe T11 compression fracture. New mild pathological compression fracture of T9. 6. Other findings as described above. May need further action Finalised by: <DOCTOR>

Accession Number: a744933d2535f80f072bb0f904b9efa289cdfccff0a4910e8202f961b401de64

Updated Date Time: 16/8/2018 15:22

## Layman Explanation

This radiology report discusses HISTORY metastatic colon cancer with extensive bony mets, poor kidney function, for non contrasted scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast - Volume (ml): NIL FINDINGS Previous CT dated 5 June 2018 was reviewed. Lack of intravenous contrast limits the sensitivity of this study. Increase in size and number of multiple bilateral pulmonary nodules in keeping with metastases. These measure up to 1.1 cm in the right lower lobe (203/43). Trachea and central airways are patent. Stable prominent left supraclavicular node measuring 0.7 cm (202/10). No mediastinal, hilar or axillary lymphadenopathy. Tip of the right central line is in the right atrium. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. Stable appearance of the atrophied right hepatic lobe containing a large ill-defined hypodensity with calcifications. Increase in size of several ill-defined bilobar hepatic hypodensities – for e.g. segment 4a: 4.6 cm vs prior 3.4 cm (202/80 vs prior 5/105); segment 2/3, 7.1 cm vs prior 6.1 cm (202/101 vs prior 5/128). Small amount of perihepatic fluid is seen. There are gallstones within the contracted gallbladder. Biliary tree is not dilated. No contour deforming pancreatic or splenic mass. Increased bulkiness of the left adrenal gland without discrete nodule (202/100). Right adrenal gland is unremarkable. A few small low attenuation exophytic lesions in the right kidney may represent cysts. No hydronephrosis. Partially distended urinary bladder is unremarkable. Prostate gland is enlarged. The patient is status post anterior resection and loop colostomy. Anastomotic site is grossly unremarkable. Bowel loops are partially collapsed. No evidence of bowel obstruction. No pneumoperitoneum. Stable enlarged retrocrural, peri-celiac, gastrohepatic, periportal and retroperitoneal lymph nodes, measuring up to 2.8 cm at the portocaval region. Atherosclerotic disease is present. Stable fusiform mild dilatation of the infrarenal abdominal aorta (3.0 cm). No periaortic stranding or haemoperitoneum. Known bony metastases are better delineated on prior MRI dated 17 July 2018. Of note, there is a severe pathological compression fracture of T11 associated with moderate narrowing of the bony spinal canal. New slight loss in vertebral body height of T9 may represent a mild pathological compression fracture. CONCLUSION Known metastatic colon malignancy. Lack of intravenous contrast limits the sensitivity of this study. Since CT dated 16 July 2018: 1. Increase in size and number of pulmonary metastases. 2. Increase in size of several of the bilobar hepaticmetastases. 3. Stable retrocrural, upper abdominal and retroperitoneal adenopathy, suspicious for nodal disease. 4. New bulkiness of the left adrenal gland, indeterminate. 5. Known bony metastases are better delineated on prior MRI. Of note, there is fairly stable appearance of the pathological severe T11 compression fracture. New mild pathological compression fracture of T9. 6. Other findings as described above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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