# Row 8023

Visit Number: b997cc2b03c4c5a91c5fa4ed7bafd0aad64341019e2d640d2a826b0237c04a29

Masked\_PatientID: 8020

Order ID: a5e8ff4d626e43cb6882e9f7ca58c6393370e68e9f5350fdfcdf93b9f6bb4d2c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/11/2016 16:20

Line Num: 1

Text: HISTORY anemia with LOW TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS No previous CT examination for comparison.Previous renal Doppler ultrasound dated 13/11/2015 noted. There is a dialysis catheter in situ via the right internal jugular vein with the tip in the right atrium. No enlarged supraclavicular, mediastinal or hilar lymph node seen. The heart is enlarged. Stents are noted in the left coronary arteries. Scarring in the superior segment of the left lower lobe and middle lobe are noted. There is a 3 mm subpleural nodule in the superior segment of the left lower lobe (image 5-24). Another tiny 2 mm subpleural nodule is also seen in the right apex (image 5-20). These are nonspecific. The liver and spleen are normal in size. A small subcentimetre hypodense lesion in segment II is too small to characterise probably representing cyst. The biliary tree is not dilated. No gallbladder wall thickening or radiopaque calculus seen. The adrenal glands, pancreas and spleen are unremarkable. Both kidneys are atrophic in keeping with chronic parenchymal disease. A few small hypodense lesions in the left kidney are too small to characterise. No overt suspicious enhancing renal mass or hydronephrosis seen. The urinary bladder is empty for further evaluation. The prostate shows nodular enlargement of the central gland indenting the bladder base. Small fat containing right inguinal hernia is noted. The bowel loops are normal in calibre. There are multiple uncomplicated diverticula at the caecum and ascending colon. The nondistended stomach shows high density foci within the dependent fundus which are nonspecific although may represent ingested material. There are diffuse sclerotic changes in the vertebrae likely representing renal osteodystrophy. No overt destructive bony lesion seen. CONCLUSION No suspicious mass lesion or lymphadenopathy detected. Mildly enlarged prostate. Suggest further correlation with clinical assessment and PSA. Atrophic kidneys in keeping with known chronic renal disease. Tiny subpleural pulmonary nodules measuring up to 3 mm in the right apex and left lower lobe are nonspecific. Other incidental findings as detailed. May need further action Finalised by: <DOCTOR>

Accession Number: 09d1ebacd81fc9eb7dde05cde90e0964981597a798281ac44481e4ff820f132e

Updated Date Time: 07/11/2016 17:20

## Layman Explanation

This radiology report discusses HISTORY anemia with LOW TRO malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS No previous CT examination for comparison.Previous renal Doppler ultrasound dated 13/11/2015 noted. There is a dialysis catheter in situ via the right internal jugular vein with the tip in the right atrium. No enlarged supraclavicular, mediastinal or hilar lymph node seen. The heart is enlarged. Stents are noted in the left coronary arteries. Scarring in the superior segment of the left lower lobe and middle lobe are noted. There is a 3 mm subpleural nodule in the superior segment of the left lower lobe (image 5-24). Another tiny 2 mm subpleural nodule is also seen in the right apex (image 5-20). These are nonspecific. The liver and spleen are normal in size. A small subcentimetre hypodense lesion in segment II is too small to characterise probably representing cyst. The biliary tree is not dilated. No gallbladder wall thickening or radiopaque calculus seen. The adrenal glands, pancreas and spleen are unremarkable. Both kidneys are atrophic in keeping with chronic parenchymal disease. A few small hypodense lesions in the left kidney are too small to characterise. No overt suspicious enhancing renal mass or hydronephrosis seen. The urinary bladder is empty for further evaluation. The prostate shows nodular enlargement of the central gland indenting the bladder base. Small fat containing right inguinal hernia is noted. The bowel loops are normal in calibre. There are multiple uncomplicated diverticula at the caecum and ascending colon. The nondistended stomach shows high density foci within the dependent fundus which are nonspecific although may represent ingested material. There are diffuse sclerotic changes in the vertebrae likely representing renal osteodystrophy. No overt destructive bony lesion seen. CONCLUSION No suspicious mass lesion or lymphadenopathy detected. Mildly enlarged prostate. Suggest further correlation with clinical assessment and PSA. Atrophic kidneys in keeping with known chronic renal disease. Tiny subpleural pulmonary nodules measuring up to 3 mm in the right apex and left lower lobe are nonspecific. Other incidental findings as detailed. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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