# Row 8081

Visit Number: c2fbf6a990410ba1189ad7c9c8e3d6f3e067dca43d4970452c60c27514c730dc

Masked\_PatientID: 8081

Order ID: 517f99291707779635846d7043e40c6ddb8440e570f19ecc5464065606b36394

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/9/2019 12:22

Line Num: 1

Text: HISTORY Gastric GIST wedge gastrectomy and left lateral liver resection in 2014 Adjuvant imatinib completed in 2017 Had indeterminate nodule in the gastrohepatic bed For restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with the previous CT dated 12 July 2019. THORAX No new suspicious pulmonary nodule or focal consolidation is detected. Stable subpleuralnodules in the lateral basal segment of the right lower lobe (0.5 cm, 401-86) and in the lateral basal segment of the left lower lobe (0.4 cm, 401-86), nonspecific. Stable tiny calcified granuloma in the left upper lobe (401-37). The central airways are patent. No pleural effusion. The heart is normal in size. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. No enlarged mediastinal or hilar lymph node is seen. A stable well-circumscribed low density lesion adjacent to the lower oesophagus (501-9) may represent a prominent cisterna chyli or a small lymph node. Stable subcentimetre hypodense nodules in both thyroid lobes, nonspecific. ABDOMEN AND PELVIS Status post wedge gastrectomy and left lateral hepatic resection for high grade GIST (3 June 2014). A low density nodule in the gastro-hepatic surgical bed remains stable in size since 12 July 2019, measuring 1.1 cm (501-30). This remains indeterminate. There is diffuse hepatic steatosis. No new suspicious focal hepatic lesion is seen. Several stable small hypodensities are seen scattered in both hepatic lobes, too small to characterise but probably represent cysts. The hepatic and portal veins enhance normally. The spleen, gallbladder and both adrenal glands are unremarkable. No biliary dilatation. Stable 1.3 x 1.2 cm hypodense lesion in the pancreatic body (501-47) may represent a pancreatic cystic neoplasm. No sinister feature is seen. The main pancreatic duct is not dilated. It is better characterised on prior MR study of 22 September 2016. Status post left partial nephrectomy for renal cell carcinoma (28 March 2001). Soft tissue thickening with patchy enhancement remains stable since at least 22 May 2014 and likely represents postsurgical changes. No evidence of local recurrence. A few hypodensities scattered in both kidneys are also visualised since May 2014 and probably represent cysts, the largest in the right renal upper pole is a parapelvic cyst measuring 4.7 x 3.7 cm. No hydronephrosis. No enlarged retroperitoneal lymph node is seen, particularly in the juxtarenal location. The urinary bladder appears unremarkable. Prostate is enlarged. Bowel loops are normal in calibre. Few scattered uncomplicated colonic diverticula. The appendix is unremarkable. Small fat-containing right inguinal hernia. No enlarged intra-abdominal or pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION Status post wedge gastrectomy and left lateral hepatic resection for high grade GIST. A small low density nodule in the gastro-hepatic surgical bed is stable in size and appearance and remains indeterminate. Status post left partial nephrectomy for renal cell carcinoma with stable postsurgical changes. No evidence of local tumour recurrence. Stable pancreatic cystic neoplasm with no sinister features. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: e7a2b9deb1c89c7914a50d82c0b11e5f2c54f6dfaa33dfbe7f4948b7b788ec93

Updated Date Time: 07/9/2019 14:50

## Layman Explanation

This radiology report discusses HISTORY Gastric GIST wedge gastrectomy and left lateral liver resection in 2014 Adjuvant imatinib completed in 2017 Had indeterminate nodule in the gastrohepatic bed For restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Comparison is made with the previous CT dated 12 July 2019. THORAX No new suspicious pulmonary nodule or focal consolidation is detected. Stable subpleuralnodules in the lateral basal segment of the right lower lobe (0.5 cm, 401-86) and in the lateral basal segment of the left lower lobe (0.4 cm, 401-86), nonspecific. Stable tiny calcified granuloma in the left upper lobe (401-37). The central airways are patent. No pleural effusion. The heart is normal in size. No pericardial effusion. Cardiac chambers and mediastinal great vessels enhance normally. No enlarged mediastinal or hilar lymph node is seen. A stable well-circumscribed low density lesion adjacent to the lower oesophagus (501-9) may represent a prominent cisterna chyli or a small lymph node. Stable subcentimetre hypodense nodules in both thyroid lobes, nonspecific. ABDOMEN AND PELVIS Status post wedge gastrectomy and left lateral hepatic resection for high grade GIST (3 June 2014). A low density nodule in the gastro-hepatic surgical bed remains stable in size since 12 July 2019, measuring 1.1 cm (501-30). This remains indeterminate. There is diffuse hepatic steatosis. No new suspicious focal hepatic lesion is seen. Several stable small hypodensities are seen scattered in both hepatic lobes, too small to characterise but probably represent cysts. The hepatic and portal veins enhance normally. The spleen, gallbladder and both adrenal glands are unremarkable. No biliary dilatation. Stable 1.3 x 1.2 cm hypodense lesion in the pancreatic body (501-47) may represent a pancreatic cystic neoplasm. No sinister feature is seen. The main pancreatic duct is not dilated. It is better characterised on prior MR study of 22 September 2016. Status post left partial nephrectomy for renal cell carcinoma (28 March 2001). Soft tissue thickening with patchy enhancement remains stable since at least 22 May 2014 and likely represents postsurgical changes. No evidence of local recurrence. A few hypodensities scattered in both kidneys are also visualised since May 2014 and probably represent cysts, the largest in the right renal upper pole is a parapelvic cyst measuring 4.7 x 3.7 cm. No hydronephrosis. No enlarged retroperitoneal lymph node is seen, particularly in the juxtarenal location. The urinary bladder appears unremarkable. Prostate is enlarged. Bowel loops are normal in calibre. Few scattered uncomplicated colonic diverticula. The appendix is unremarkable. Small fat-containing right inguinal hernia. No enlarged intra-abdominal or pelvic lymph node is seen. No intraperitoneal free fluid or gas. No destructive bone lesion is seen. CONCLUSION Status post wedge gastrectomy and left lateral hepatic resection for high grade GIST. A small low density nodule in the gastro-hepatic surgical bed is stable in size and appearance and remains indeterminate. Status post left partial nephrectomy for renal cell carcinoma with stable postsurgical changes. No evidence of local tumour recurrence. Stable pancreatic cystic neoplasm with no sinister features. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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