# Row 8373

Visit Number: 65b774c327b64943a69b00b0a12897302d4647dd9b6b3b17d8edc84eb69aca84

Masked\_PatientID: 8373

Order ID: 22a0aa0886846fe7afc0523069e22752b64ac7c21c2f1c27e54a3687b9dfda0c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/8/2015 16:44

Line Num: 1

Text: HISTORY Bilatral breast cancer s/p bilateral breast mastectomy and axillary clearance; She needs a metastatic work-up for the breast cancer. Since she is morbidly obese, an internal jugular vein was inserted during operation and is currently still in-situ. Also noted that her serum creatinine level is increased so we want to monitor her renal profile after contrast injection. She is scheduled for bone scan tomorrow so we are hoping for CT TAP can be scheduled for today/tonight. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Post bilateral mastectomy. There are surgical clips in bilateral axilla and surgical drains in bilateral chestwall. There is no significantly enlarged mediastinal or hilar lymph node. There is no pleural or pericardial effusion. There are granulomata in the left lower lobe. There is no discrete suspicious pulmonary nodule in both lungs. Diffuse fatty liver. There is no suspicious rim enhancing hepatic mass. Gallstone present with no biliary dilatation. The spleen and pancreas are unremarkable. No adrenal mass. There are bilateral renal hypodense lesions which are likely cysts. Noenlarged abdominal or pelvic lymph node. Bowel loops are normal calibre. No ascites. Uterus, adnexa and urinary bladder are grossly unremarkable. There is no overt bony destruction. CONCLUSION No CT evidence of metastasis in the thorax orabdomen. Minor findings as described. Known / Minor Finalised by: <DOCTOR>

Accession Number: ca813bff03cca34493dd68fefc784de7ff6e259b855326d00bba1bc31db78894

Updated Date Time: 01/8/2015 17:01

## Layman Explanation

This radiology report discusses HISTORY Bilatral breast cancer s/p bilateral breast mastectomy and axillary clearance; She needs a metastatic work-up for the breast cancer. Since she is morbidly obese, an internal jugular vein was inserted during operation and is currently still in-situ. Also noted that her serum creatinine level is increased so we want to monitor her renal profile after contrast injection. She is scheduled for bone scan tomorrow so we are hoping for CT TAP can be scheduled for today/tonight. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Post bilateral mastectomy. There are surgical clips in bilateral axilla and surgical drains in bilateral chestwall. There is no significantly enlarged mediastinal or hilar lymph node. There is no pleural or pericardial effusion. There are granulomata in the left lower lobe. There is no discrete suspicious pulmonary nodule in both lungs. Diffuse fatty liver. There is no suspicious rim enhancing hepatic mass. Gallstone present with no biliary dilatation. The spleen and pancreas are unremarkable. No adrenal mass. There are bilateral renal hypodense lesions which are likely cysts. Noenlarged abdominal or pelvic lymph node. Bowel loops are normal calibre. No ascites. Uterus, adnexa and urinary bladder are grossly unremarkable. There is no overt bony destruction. CONCLUSION No CT evidence of metastasis in the thorax orabdomen. Minor findings as described. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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