# Row 8821

Visit Number: 10f7be5b9168e5d8450d00559afc6f2e493e038b86cd5caf76da7e3fb94701a1

Masked\_PatientID: 8804

Order ID: 5a32eb636cf246f8a9cdd91a9b5ae6badfa5c7d55d9c6577482419d4fb970faf

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/9/2020 18:50

Line Num: 1

Text: HISTORY For CT TAP Staging scan - OGD Antral tumour biopsy on 04/08/2020 positive for adenocarcinoma.; Pancreatic cyst, Gastric cancer, Perforated pre-pyloric ulcer s/p laparotomy, omental patch repair of perforated gastric ulcer, ?COPD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with previous CT examination dated 15/07/2019. Abdomen and pelvis: The arterial phase images of the abdomen isdegraded due to motion artefacts. The stomach is only partially distended limiting evaluation. Apparent mural thickening in the anterior wall of the pylorus (8-32) is nonspecific. I note histological information of adenocarcinoma from the posterior wall of the pylorus where there is no discernible mass. No perigastric nodularity or significantly enlarged loco-regional lymph node is detected. Rest of the bowel show no overt abnormality within the limits of this study. Multiple small well-defined subcentimetre hypodense lesions are again seen in both lobes of the liver, some are slightly smaller and are likely to represent cysts. No suspicious hepatic lesion is seen. The biliary tree is within normal limits. The hepatic, both and splenic veins show normal opacification. A hypodense lesion is again seen in the anterior aspect of the pancreatic body, largely stable measuring (1.5 cm x 0.8 cm) (series 8, image 27). This may represent cystic lesion. The main pancreatic duct is not dilated. The right kidney, adrenal glands and spleen are unremarkable. Stable small hypodense lesions associated with scarring in the lower pole left kidney are likely cysts. The partially distended urinary bladder is unremarkable. The prostate is not enlarged. No peritoneal nodularity or free fluid is detected. Thorax: A tiny 3 mm nodule in the left apex is stable possibly a granuloma (series 7, image 24). Upper lobe predominant centrilobular and some paraseptal emphysematous changes are noted. Again seen are subpleural scarring in the middle and both lower lobes. No suspicious pulmonary lesion is seen elsewhere. The central airways are clear. There is no significantly enlarged intrathoracic or supraclavicular lymph node. The heart size is at the upper limit of normal. Mild scattered coronary atherosclerotic calcifications are present. No pleural or pericardial thickening/effusion seen. Degenerative changes are noted in the spine. No focaldestructive bony abnormality detected. CONCLUSION No discernible gastric mass lesion is detected. Apparent mural thickening in the anterior wall of the pylorus is nonspecific. No loco-regional lymphadenopathy or definite evidence of metastatic disease. Stable hypodense lesion in the body of the pancreas may represent cystic neoplasm. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 04721a89b5fa3e4a5d06f26fde31bea9ea439e58fe6ff42ce31bf2b1162bec43

Updated Date Time: 11/9/2020 9:31

## Layman Explanation

This radiology report discusses HISTORY For CT TAP Staging scan - OGD Antral tumour biopsy on 04/08/2020 positive for adenocarcinoma.; Pancreatic cyst, Gastric cancer, Perforated pre-pyloric ulcer s/p laparotomy, omental patch repair of perforated gastric ulcer, ?COPD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with previous CT examination dated 15/07/2019. Abdomen and pelvis: The arterial phase images of the abdomen isdegraded due to motion artefacts. The stomach is only partially distended limiting evaluation. Apparent mural thickening in the anterior wall of the pylorus (8-32) is nonspecific. I note histological information of adenocarcinoma from the posterior wall of the pylorus where there is no discernible mass. No perigastric nodularity or significantly enlarged loco-regional lymph node is detected. Rest of the bowel show no overt abnormality within the limits of this study. Multiple small well-defined subcentimetre hypodense lesions are again seen in both lobes of the liver, some are slightly smaller and are likely to represent cysts. No suspicious hepatic lesion is seen. The biliary tree is within normal limits. The hepatic, both and splenic veins show normal opacification. A hypodense lesion is again seen in the anterior aspect of the pancreatic body, largely stable measuring (1.5 cm x 0.8 cm) (series 8, image 27). This may represent cystic lesion. The main pancreatic duct is not dilated. The right kidney, adrenal glands and spleen are unremarkable. Stable small hypodense lesions associated with scarring in the lower pole left kidney are likely cysts. The partially distended urinary bladder is unremarkable. The prostate is not enlarged. No peritoneal nodularity or free fluid is detected. Thorax: A tiny 3 mm nodule in the left apex is stable possibly a granuloma (series 7, image 24). Upper lobe predominant centrilobular and some paraseptal emphysematous changes are noted. Again seen are subpleural scarring in the middle and both lower lobes. No suspicious pulmonary lesion is seen elsewhere. The central airways are clear. There is no significantly enlarged intrathoracic or supraclavicular lymph node. The heart size is at the upper limit of normal. Mild scattered coronary atherosclerotic calcifications are present. No pleural or pericardial thickening/effusion seen. Degenerative changes are noted in the spine. No focaldestructive bony abnormality detected. CONCLUSION No discernible gastric mass lesion is detected. Apparent mural thickening in the anterior wall of the pylorus is nonspecific. No loco-regional lymphadenopathy or definite evidence of metastatic disease. Stable hypodense lesion in the body of the pancreas may represent cystic neoplasm. 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.