# Row 8818

Visit Number: 1b1fe4d21b33d02924106e65caefc1957dd063c28ec526cdd1ee7765f112a2e2

Masked\_PatientID: 8804

Order ID: 9de99f65ab2ad54c5c42f3df83fdbdb1127a17a13c5a613dc29b7e921c0de24b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/7/2019 14:57

Line Num: 1

Text: HISTORY gastric cancer staging CT TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CTs of 7 November 2018 and 4 October 2018. The primary tumour in the stomach is not identified. No enlarged lymph node is seen in the perigastric region or retroperitoneum. There is no ascites. No peritoneal nodule is seen to suggest a peritoneal metastasis. There is mild eccentric mural thickening in the distal sigmoid colon (series 10 image 33). No enlarged lymph node is seen in the sigmoid mesocolon. The rest of the bowel appears unremarkable. The liver shows several small well-defined non-enhancing hypodense lesions, consistent with cysts. The largest cyst measures 1.0 x 0.8 cm and is located in the subcapsular aspect of segments 7/8. The biliary tree is not dilated. The gallbladder appears unremarkable The spleen is not enlarged and shows no focal lesion. The pancreas shows a well-defined 1.6 x 0.8 cm hypodense lesion in its body (series 6 image 36), possibly representing a cystic lesion of the pancreas. The main pancreatic duct is not dilated. The adrenal glands are unremarkable. Theright kidney is normal. The left kidney shows subcentimetre hypodense lesions in its lower pole, associated with scarring. These hypodense lesions may represent cysts or the sequela of previous infection. There is no hydronephrosis. The urinary bladder appears unremarkable. The prostate gland is not enlarged In the thorax, a subcentimetre nodule in the left upper lobe (series 4 image 16) may represent a granuloma. It is associated with traction bronchiectasis of the adjacent airway. Atelectasis is identified in the middle and lower lobes of the right lung, and in the left lower lobe. There is centrilobular and paraseptal emphysema in the lungs, worse in the upper lobes. No enlarged lymph node is seen in the mediastinum and pulmonary hila, and in the supraclavicular regions. No skeletal metastasis is detected. Degenerative changes are seen in the spine. A small sclerotic lesion in the right iliac bone adjacent to the sacroiliac joint may represent a bone island. CONCLUSION No evidence of metastatic disease is detected. Incidentally, there is eccentric mural thickening in the distal sigmoid colon, for which a primary colonic malignancy cannot be excluded; suggest colonoscopy for further evaluation. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ce3484a5d8e76b8aa0f61d3b6d3929e05cf8864b836b4a2fa8f0f303a96c9c9d

Updated Date Time: 16/7/2019 17:50

## Layman Explanation

This radiology report discusses HISTORY gastric cancer staging CT TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CTs of 7 November 2018 and 4 October 2018. The primary tumour in the stomach is not identified. No enlarged lymph node is seen in the perigastric region or retroperitoneum. There is no ascites. No peritoneal nodule is seen to suggest a peritoneal metastasis. There is mild eccentric mural thickening in the distal sigmoid colon (series 10 image 33). No enlarged lymph node is seen in the sigmoid mesocolon. The rest of the bowel appears unremarkable. The liver shows several small well-defined non-enhancing hypodense lesions, consistent with cysts. The largest cyst measures 1.0 x 0.8 cm and is located in the subcapsular aspect of segments 7/8. The biliary tree is not dilated. The gallbladder appears unremarkable The spleen is not enlarged and shows no focal lesion. The pancreas shows a well-defined 1.6 x 0.8 cm hypodense lesion in its body (series 6 image 36), possibly representing a cystic lesion of the pancreas. The main pancreatic duct is not dilated. The adrenal glands are unremarkable. Theright kidney is normal. The left kidney shows subcentimetre hypodense lesions in its lower pole, associated with scarring. These hypodense lesions may represent cysts or the sequela of previous infection. There is no hydronephrosis. The urinary bladder appears unremarkable. The prostate gland is not enlarged In the thorax, a subcentimetre nodule in the left upper lobe (series 4 image 16) may represent a granuloma. It is associated with traction bronchiectasis of the adjacent airway. Atelectasis is identified in the middle and lower lobes of the right lung, and in the left lower lobe. There is centrilobular and paraseptal emphysema in the lungs, worse in the upper lobes. No enlarged lymph node is seen in the mediastinum and pulmonary hila, and in the supraclavicular regions. No skeletal metastasis is detected. Degenerative changes are seen in the spine. A small sclerotic lesion in the right iliac bone adjacent to the sacroiliac joint may represent a bone island. CONCLUSION No evidence of metastatic disease is detected. Incidentally, there is eccentric mural thickening in the distal sigmoid colon, for which a primary colonic malignancy cannot be excluded; suggest colonoscopy for further evaluation. 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.