# Row 8827

Visit Number: 9503ea23efc6f5be69293d1d60aeecdb3b3ea88ae5d932f6c98a818c926d487f

Masked\_PatientID: 8822

Order ID: 669928d895b1ee2747a6150c4b56265461500393478775d920d14d6dfc12ca1e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/9/2020 11:27

Line Num: 1

Text: HISTORY Colonoscopy just done Informed by endoscopist that hepatic flexure tumour is seen For cancer staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 75 FINDINGS Note is madeto prior CT coronary angiography dated 26 October 2015. THORAX No suspicious pulmonary nodule or consolidation is seen. A few scattered lung cysts are present. No significantly enlarged intrathoracic lymph node is detected. The mediastinal vessels of pacified normally. The heart is enlarged. Note is made of mitral annuloplasty. No pericardial or pleural effusion is seen. ABDOMEN AND PELVIS There is a short segment of mural thickening at the hepatic flexure which likely corresponds to the suspicious lesion detected on colonoscopy (series 501, image 58). Tiny pericolonic nodularities could be small lymph nodes. There are also small upper abdominal lymph nodes at the left para-aortic region (501-36) and at the gastrohepatic ligament (501 - 22) which are nonspecific. No ascites. A few hepatic hypodensities are present which are too small to characterise, some of which may represent cysts. No biliary dilatation or radiodense gallstone. The pancreas, spleen, adrenal glands and kidneys are unremarkable save for tiny renal hypodensities which are too small to characterise. No hydronephrosis. The urinary bladder is under distended. Prostatic calcifications are present. No destructive bony process. CONCLUSION The short segment of mural thickening at the hepatic flexure is suspicious for neoplastic process. Small pericolonic and upper abdominal lymph nodes are nonspecific. No distant metastasis. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 0d025370f53cbc0e38c00a5af067c4a2db7963c60b78b4eb2453c4b26c35e981

Updated Date Time: 27/9/2020 14:46

## Layman Explanation

This radiology report discusses HISTORY Colonoscopy just done Informed by endoscopist that hepatic flexure tumour is seen For cancer staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 75 FINDINGS Note is madeto prior CT coronary angiography dated 26 October 2015. THORAX No suspicious pulmonary nodule or consolidation is seen. A few scattered lung cysts are present. No significantly enlarged intrathoracic lymph node is detected. The mediastinal vessels of pacified normally. The heart is enlarged. Note is made of mitral annuloplasty. No pericardial or pleural effusion is seen. ABDOMEN AND PELVIS There is a short segment of mural thickening at the hepatic flexure which likely corresponds to the suspicious lesion detected on colonoscopy (series 501, image 58). Tiny pericolonic nodularities could be small lymph nodes. There are also small upper abdominal lymph nodes at the left para-aortic region (501-36) and at the gastrohepatic ligament (501 - 22) which are nonspecific. No ascites. A few hepatic hypodensities are present which are too small to characterise, some of which may represent cysts. No biliary dilatation or radiodense gallstone. The pancreas, spleen, adrenal glands and kidneys are unremarkable save for tiny renal hypodensities which are too small to characterise. No hydronephrosis. The urinary bladder is under distended. Prostatic calcifications are present. No destructive bony process. CONCLUSION The short segment of mural thickening at the hepatic flexure is suspicious for neoplastic process. Small pericolonic and upper abdominal lymph nodes are nonspecific. No distant metastasis. 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.