# Row 8990

Visit Number: ff724f86a5f90fade19f71d1674420660688d4c28d765e11cc24fe037f354f96

Masked\_PatientID: 8990

Order ID: 387460550c7d66a0e6ce720ac7d02a6f72fd3d02eb3ce26d2526d862651aca9b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/1/2015 9:46

Line Num: 1

Text: HISTORY Newly diagnosed colon cancer at hepatic flexure with hepatic mets found on CT Abdomen (15/1 -- done to screen for symptomatic anemia). Wanted to include CT Thorax for full metastatic work-up but suggested by radiologist to do tomorrow in view of contrast injected today (15/1).. 28 year old male with good premorbids no previous medical history; presenting with LOW (9kg over 2 months) with hard epig mass for 2 weeks and RUQ pain TECHNIQUE Contrast enhanced CT chest Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS There is a tiny 1-2 mm nodule (image 68) and a further possible tiny nodule (image 72) which are indeterminate. The rest of the lungs are clear. There is no confluent consolidation or pleural effusion. The airways are patent. There is a prominent 6 mm node in the anterior cardiac region (image 73). There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is within normal limits. There is no pericardial or pleural effusion. The limited images of the upper abdomen show the large hepatic mass. No destructive bony lesion is seen. CONCLUSION 1. The 6 mm anterior cardiac node does not reach significance size criteria but is suspicious.2. The two tiny (1-2 mm) right lower lobe nodules are indeterminate. Follow-up CT is suggested to assess for interval change. May need further action Finalised by: <DOCTOR>

Accession Number: 7e8ed672b2fb96a7a1e8dc430314d6580a8a1b4af1fba4937e1ce53350e30198

Updated Date Time: 16/1/2015 10:32

## Layman Explanation

This radiology report discusses HISTORY Newly diagnosed colon cancer at hepatic flexure with hepatic mets found on CT Abdomen (15/1 -- done to screen for symptomatic anemia). Wanted to include CT Thorax for full metastatic work-up but suggested by radiologist to do tomorrow in view of contrast injected today (15/1).. 28 year old male with good premorbids no previous medical history; presenting with LOW (9kg over 2 months) with hard epig mass for 2 weeks and RUQ pain TECHNIQUE Contrast enhanced CT chest Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS There is a tiny 1-2 mm nodule (image 68) and a further possible tiny nodule (image 72) which are indeterminate. The rest of the lungs are clear. There is no confluent consolidation or pleural effusion. The airways are patent. There is a prominent 6 mm node in the anterior cardiac region (image 73). There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is within normal limits. There is no pericardial or pleural effusion. The limited images of the upper abdomen show the large hepatic mass. No destructive bony lesion is seen. CONCLUSION 1. The 6 mm anterior cardiac node does not reach significance size criteria but is suspicious.2. The two tiny (1-2 mm) right lower lobe nodules are indeterminate. Follow-up CT is suggested to assess for interval change. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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