# Row 8998

Visit Number: d5454ef039334e2448017fafa33f5e17a1e1a8616655ec505ecec556460a071a

Masked\_PatientID: 8996

Order ID: 1eadafac11517c491195597586450ff804bddc67d690eb30d63537a4375ba898

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/11/2016 14:29

Line Num: 1

Text: HISTORY Now admitted for cord compression secondary to T5 pathological fracture. S/B Ortho, requested to CT TAP to complete work up and CT scan of T1 to T9 to look at pedical sizes; Bilat RCC s/p left and right partial nephrectomy. New left kidney solid lesion in Jul 2016 but patient declined surgery. Lung mets noted on CT chest in Sep 2016 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparisonwas made with prior CT study dated 13/09/2016. CHEST There is minimal interval decrease in the size of the left upper lobe nodule (401/37 vs prior 4/33) from prior 0.9 x 1 cm to present 0.7 x 5.5cm. The other multiple subcentimetre pulmonarynodules of varying sizes suggestive of metastasis are grossly stable. No other suspicious new nodules noted. Minimal atelectasis is noted in the lingula. The mediastinal vasculature appears unremarkable. Trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusions. The lytic lesion involving the posterior elements of the L5 vertebral body with extraosseous soft tissue component is stable, better described on MRI and CT SPINE. Few hypodense thyroid nodules with calcifications are noted. ABDOMEN AND PELVIS The patient is status post bilateral partial nephrectomy. Both kidneys are small in size with multiple renal cysts of varying sizes. The mass involving the upper/interpolar region of the left kidney measuring 3.2 x 2.1 cm (previously 2.6 x 2 cm) appears slightly larger and shows interval heterogeneous appearance likely due to necrosis. Multiple cysts of varying sizes are also noted in the liver. No other suspicious focal hepatic lesions are noted. The portal and hepatic veins demonstrate normal contrast opacification. The gall bladder appears unremarkable. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, right adrenals appear unremarkable. The left adrenal gland is not clearly visualised, related to prior surgery. No evidence of significantly enlarged intra-abdominal or pelvic lymphadenopathy . No evidence of ascites or peritoneal nodules. The urinary bladder is well distended and appears unremarkable. No obvious adnexal masses noted. There are no other destructive bony lesions. CONCLUSION 1. The known left renal mass appears slightly larger in size with interval necrosis. 2. Grossly stable bilateral pulmonary metastasis with interval decrease in size of few nodules. No new metastases. 3. Stable metastasis involving the T5. May need further action Reported by: <DOCTOR>

Accession Number: ff127174b93afcf9c5d1839706e2c304baa2de99d115b7753be5ec562d06450a

Updated Date Time: 21/11/2016 12:24

## Layman Explanation

This radiology report discusses HISTORY Now admitted for cord compression secondary to T5 pathological fracture. S/B Ortho, requested to CT TAP to complete work up and CT scan of T1 to T9 to look at pedical sizes; Bilat RCC s/p left and right partial nephrectomy. New left kidney solid lesion in Jul 2016 but patient declined surgery. Lung mets noted on CT chest in Sep 2016 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparisonwas made with prior CT study dated 13/09/2016. CHEST There is minimal interval decrease in the size of the left upper lobe nodule (401/37 vs prior 4/33) from prior 0.9 x 1 cm to present 0.7 x 5.5cm. The other multiple subcentimetre pulmonarynodules of varying sizes suggestive of metastasis are grossly stable. No other suspicious new nodules noted. Minimal atelectasis is noted in the lingula. The mediastinal vasculature appears unremarkable. Trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusions. The lytic lesion involving the posterior elements of the L5 vertebral body with extraosseous soft tissue component is stable, better described on MRI and CT SPINE. Few hypodense thyroid nodules with calcifications are noted. ABDOMEN AND PELVIS The patient is status post bilateral partial nephrectomy. Both kidneys are small in size with multiple renal cysts of varying sizes. The mass involving the upper/interpolar region of the left kidney measuring 3.2 x 2.1 cm (previously 2.6 x 2 cm) appears slightly larger and shows interval heterogeneous appearance likely due to necrosis. Multiple cysts of varying sizes are also noted in the liver. No other suspicious focal hepatic lesions are noted. The portal and hepatic veins demonstrate normal contrast opacification. The gall bladder appears unremarkable. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, right adrenals appear unremarkable. The left adrenal gland is not clearly visualised, related to prior surgery. No evidence of significantly enlarged intra-abdominal or pelvic lymphadenopathy . No evidence of ascites or peritoneal nodules. The urinary bladder is well distended and appears unremarkable. No obvious adnexal masses noted. There are no other destructive bony lesions. CONCLUSION 1. The known left renal mass appears slightly larger in size with interval necrosis. 2. Grossly stable bilateral pulmonary metastasis with interval decrease in size of few nodules. No new metastases. 3. Stable metastasis involving the T5. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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