# Row 8996

Visit Number: 24a565ea3e60caf55722b682de2477328665965f7d4bb2f812c61b46a2a23004

Masked\_PatientID: 8996

Order ID: 965df6dc5c53c1e3b68545e5b5aa203ca82335236ab267f9c442831574035ccb

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/9/2016 10:39

Line Num: 1

Text: HISTORY recurrent Renal Cell carcinoma now for operation , need to look for mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous ultrasound KUB dated 24/09/2016 and MRI kidneys dated 09/12/2013 are noted. The chest x-ray dated 29/09/2016 was reviewed. Comparison is made with the previous CT chest dated 24/09/2010. The tip of the dialysis catheter is in the right atrium. The major mediastinal vessels are normally opacified. Atherosclerotic calcified plaques are noted in the aorta and coronary arteries. The heart size is at the upper limit of normal. No pericardial effusion is detected. No enlarged mediastinal is seen. Aborderline sized right hilar lymph node (4/45) is nonspecific. New pulmonary nodules are detected in all lobes of both lungs with the largest being a lobulated nodule measuring 1.1 x 0.8 cm in the left upper lobe (5/33). There are mostly found in the periphery of the lungs and are suspicious for metastases. Scarring and bronchiolectasis are noted in the right lower lobe. No pleural effusion is seen. Thyroid hypodensities and calcifications are again noted. The included upper abdomen shows innumerable hepatic hypodensities with the larger ones being cysts, while the smaller ones are non specific for hamartomas or cysts. A background of polycystic disease is a consideration. A 2.5 cm left mid renal pole solid lesion suspicious for malignancy is partially imaged. The imaged portion of the right kidney shows cysts. Lytic appearance of the transverse process at T5 with extraosseous soft tissue component is suspicious for bony metastasis. There is also extraduralsoft tissue extension into the spinal canal (4/28). CONCLUSION Since the previous CT chest dated 24/09/2010, there are new pulmonary nodules involving all lobes of both lungs that are suspicious for pulmonary metastasis. Suspicion of T5 vertebral metastasis with extraosseous soft tissue component extending into the extradural space of the spinal canal. Partially imaged left mid renal pole enhancing lesion is suspicious for primary malignancy. Case reviewed with DrAlbert Low. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 8f290964fb698c2796d9ff89ed8c7e9d2c89c551774a985a8b7d19f8907cf759

Updated Date Time: 30/9/2016 12:41

## Layman Explanation

This radiology report discusses HISTORY recurrent Renal Cell carcinoma now for operation , need to look for mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous ultrasound KUB dated 24/09/2016 and MRI kidneys dated 09/12/2013 are noted. The chest x-ray dated 29/09/2016 was reviewed. Comparison is made with the previous CT chest dated 24/09/2010. The tip of the dialysis catheter is in the right atrium. The major mediastinal vessels are normally opacified. Atherosclerotic calcified plaques are noted in the aorta and coronary arteries. The heart size is at the upper limit of normal. No pericardial effusion is detected. No enlarged mediastinal is seen. Aborderline sized right hilar lymph node (4/45) is nonspecific. New pulmonary nodules are detected in all lobes of both lungs with the largest being a lobulated nodule measuring 1.1 x 0.8 cm in the left upper lobe (5/33). There are mostly found in the periphery of the lungs and are suspicious for metastases. Scarring and bronchiolectasis are noted in the right lower lobe. No pleural effusion is seen. Thyroid hypodensities and calcifications are again noted. The included upper abdomen shows innumerable hepatic hypodensities with the larger ones being cysts, while the smaller ones are non specific for hamartomas or cysts. A background of polycystic disease is a consideration. A 2.5 cm left mid renal pole solid lesion suspicious for malignancy is partially imaged. The imaged portion of the right kidney shows cysts. Lytic appearance of the transverse process at T5 with extraosseous soft tissue component is suspicious for bony metastasis. There is also extraduralsoft tissue extension into the spinal canal (4/28). CONCLUSION Since the previous CT chest dated 24/09/2010, there are new pulmonary nodules involving all lobes of both lungs that are suspicious for pulmonary metastasis. Suspicion of T5 vertebral metastasis with extraosseous soft tissue component extending into the extradural space of the spinal canal. Partially imaged left mid renal pole enhancing lesion is suspicious for primary malignancy. Case reviewed with DrAlbert Low. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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