# Row 9680

Visit Number: 7a2f88de6717d8bfa2deb36341292ce58d3686b5d5ec78082ceaf835a7c812a1

Masked\_PatientID: 9671

Order ID: b5213ddd31ef25c94cbebe1dc1478bc2a96d8ee61ad67d18928b1c6f0d9aabb5

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/8/2017 14:17

Line Num: 1

Text: HISTORY ESRF, left upper tract TCC s/p lap nephroureterectomy TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison was made with the CT chest of 17/5/2017 and CT Abdomen Pelvis of 13/5/2017. Right internal jugular haemodialysis catheter with tip in the right atrium. No suspicious pulmonary nodule or consolidation is seen. A couple of small calcified granulomas noted in the lower lobes. There are bilateral moderate pleural effusions with associated passive atelectasis. There is no significant enlarged mediastinal or hilar lymph node. Heart is not enlarged. Aberrantorigin of the right subclavian artery noted. Moderate atherosclerotic disease in the aortic arch. There is a small pericardial effusion. There are multiple thyroid nodules measuring 2 cm, indeterminate. The patient is status post right radical nephrectomy followed by left nephroureterectomy. Left retroperitoneal fluid and stranding around the surgical bed could be postsurgical. No gross mass in the right surgical bed. There is a rounded 1.8 by 1.8 cm fluid collection at left VUJresection margin which could represent a post-surgical fluid collection (8-115). The urinary bladder is collapsed. Prostate gland is enlarged. There are a few tiny calcified granulomas scattered in the liver. Subcentimetre hypodensitiesin segment VI, VIII and IVA of the liver are too small to characterise. Hepatic and portal veins are patent. The gallbladder, pancreas, spleen and left adrenal gland are unremarkable. Bowel loops are not dilated. There are scattered uncomplicated colonic diverticula, especially in the sigmoid colon. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. There is a subcutaneous ovoid 2.9 x 1.6 cm cystic lesion at the left gluteal region which could represent an epidermal inclusion cyst (8-144). There is no destructive bony lesion. Stable compression fracture of L1. Degenerative changes in the lumbar spine. . CONCLUSION Patient is status post right radical nephrectomy and more recently left nephroureterectomy. No definite evidence of local recurrence or metastatic disease. Post-surgical changes in the left surgical bed and at the left VUJ resection margin. Known / Minor Finalised by: <DOCTOR>

Accession Number: 0fd5e20255408f305c7a80c61dc6fa53ceb0f42ceb76fc3c6b4ea50ab2ef2654

Updated Date Time: 15/8/2017 17:07