# Row 1539

Visit Number: 158b9931e0afcd46c8cc083d88b73ea6fa4569d2d106577d9675809ad4e90493

Masked\_PatientID: 1533

Order ID: b46219c95addbf6dc7e0e74c4995ed289dea509c1754a52cf1eb851e1ea5f354

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/11/2018 9:54

Line Num: 1

Text: HISTORY CA rectum post LAR 2016 surveillance T2N1M0 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the prior CT TAP dated 14 June 2017. THORAX The 3mm pulmonary nodule in the right upper lobe (5/25, 10/32) is stable in size and appearance, non-specific in nature. No new pulmonary nodule, mass or consolidation is identified. Dependent changes/atelectasis is seen in the bilateral lower lobes. There is no significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. No pleural effusion is seen. The heart size is borderline enlarged. There is no pericardial effusion. ABDOMEN/PELVIS Status post low anterior resection for carcinoma of rectum with no evidence of a suspicious mass at the colonic anastomosis. An ileostomy is seen at the right lower anterior abdominal wall. There is no overt bowel thickening or dilatation. Uncomplicated diverticula are seen in the descending colon. There is no enlarged abdominopelvic lymph node. No free fluid or air is seen in the abdomen. The hepatic contour is smooth. A 7mm hypodensity is seen in segment 2/3 of the liver, stable compared to previous and is again too small to accurately characterise. The hepatic and portal vein branches opacify normally. There is no biliary or pancreatic ductal dilatation. Multiple calcified gallstones are seen in the gallbladder. Bilateral kidneys are irregular in outline due to renal cortical scarring. No contour deforming mass or hydronephrosis is seen. The spleen, pancreas and adrenals are unremarkable. The urinary bladder is unremarkable. Status post total hysterectomy. Nosuspicious adnexal mass is identified. No destructive bony lesion is identified. Degenerative changes are seen in the imaged spine. CONCLUSION Post low anterior resection for carcinoma of rectum. No evidence of local recurrence or distant metastasis. Known / Minor Reported by: <DOCTOR>

Accession Number: 6fd4124a21022193667f280970a28c0442fe4f05b55ab96afb52160c4c6a4c6f

Updated Date Time: 15/11/2018 14:21

## Layman Explanation

This radiology report discusses HISTORY CA rectum post LAR 2016 surveillance T2N1M0 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the prior CT TAP dated 14 June 2017. THORAX The 3mm pulmonary nodule in the right upper lobe (5/25, 10/32) is stable in size and appearance, non-specific in nature. No new pulmonary nodule, mass or consolidation is identified. Dependent changes/atelectasis is seen in the bilateral lower lobes. There is no significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. No pleural effusion is seen. The heart size is borderline enlarged. There is no pericardial effusion. ABDOMEN/PELVIS Status post low anterior resection for carcinoma of rectum with no evidence of a suspicious mass at the colonic anastomosis. An ileostomy is seen at the right lower anterior abdominal wall. There is no overt bowel thickening or dilatation. Uncomplicated diverticula are seen in the descending colon. There is no enlarged abdominopelvic lymph node. No free fluid or air is seen in the abdomen. The hepatic contour is smooth. A 7mm hypodensity is seen in segment 2/3 of the liver, stable compared to previous and is again too small to accurately characterise. The hepatic and portal vein branches opacify normally. There is no biliary or pancreatic ductal dilatation. Multiple calcified gallstones are seen in the gallbladder. Bilateral kidneys are irregular in outline due to renal cortical scarring. No contour deforming mass or hydronephrosis is seen. The spleen, pancreas and adrenals are unremarkable. The urinary bladder is unremarkable. Status post total hysterectomy. Nosuspicious adnexal mass is identified. No destructive bony lesion is identified. Degenerative changes are seen in the imaged spine. CONCLUSION Post low anterior resection for carcinoma of rectum. No evidence of local recurrence or distant metastasis. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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