# Row 1536

Visit Number: 2d01a24cfa9fc0f21945a889876635f3aba92a41cb429f8ec74d3c86154d7b32

Masked\_PatientID: 1533

Order ID: b6180b427a6a175e03458332ece1fcd3b4e6e2f7f844cfab4ef246014f167f2b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/4/2016 17:01

Line Num: 1

Text: HISTORY CA rectum staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Abdomen and pelvis Irregular thickening of the right and anterior wall of the rectum is present. The mass involves the lower and mid rectum measuring 4 cm in length. The serosal surface of the rectum appears unremarkable and there is no overt invasion of the circumferential resection margin. A few small volume lymph nodes are seen within the adjacent fat. No enlarged pelvic or para-aortic lymph nodes are demonstrated. The liver has a smooth outline. A relatively well defined hypodensity at the anterior portion of segmentII is presumed due to a cyst. No dilatation of the bile ducts is demonstrated. The gallbladder appears unremarkable save for the presence of multiple small calcified stones. The uterus is not identified presumably removed. A 0.8 cm calcified opacity in the left lower pelvis is deemed a calcified node. The pancreas, spleen and both adrenals are unremarkable. Both kidneys are seen to enhance in a normal symmetrical manner. There is irregular outline of both kidneys likely due to some areas of scarring. Thorax There are areas of parenchymal opacification at the periphery of both lungs. There is also present at the lateral aspect of the pulmonary parenchyma affecting the right lower lobe and also the lateral segment of the middle lobe. Loss of volume is also seen in both lower lobes. The main airways are patent. The heart is mildly enlarged. No enlarged mediastinal lymph nodes are demonstrated. CONCLUSION There is a mass present in the mid and lower rectum compatible with submitted history of a rectal carcinoma. No overt invasion of the adjacent perirectal fat or involvement of the circumferential resection margin is demonstrated on the CT scan. No distal metastases are demonstrated. There is evidence of some interstitial change at the periphery of both lungs suggesting a degree of interstitial fibrosis. Please correlate clinically for symptoms and significance. May need further action Finalised by: <DOCTOR>

Accession Number: 9fbdaba78eb9198c0352c8568d10a6fca3011d8775c49a66066517d6247b8d25

Updated Date Time: 13/4/2016 9:52

## Layman Explanation

This radiology report discusses HISTORY CA rectum staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Abdomen and pelvis Irregular thickening of the right and anterior wall of the rectum is present. The mass involves the lower and mid rectum measuring 4 cm in length. The serosal surface of the rectum appears unremarkable and there is no overt invasion of the circumferential resection margin. A few small volume lymph nodes are seen within the adjacent fat. No enlarged pelvic or para-aortic lymph nodes are demonstrated. The liver has a smooth outline. A relatively well defined hypodensity at the anterior portion of segmentII is presumed due to a cyst. No dilatation of the bile ducts is demonstrated. The gallbladder appears unremarkable save for the presence of multiple small calcified stones. The uterus is not identified presumably removed. A 0.8 cm calcified opacity in the left lower pelvis is deemed a calcified node. The pancreas, spleen and both adrenals are unremarkable. Both kidneys are seen to enhance in a normal symmetrical manner. There is irregular outline of both kidneys likely due to some areas of scarring. Thorax There are areas of parenchymal opacification at the periphery of both lungs. There is also present at the lateral aspect of the pulmonary parenchyma affecting the right lower lobe and also the lateral segment of the middle lobe. Loss of volume is also seen in both lower lobes. The main airways are patent. The heart is mildly enlarged. No enlarged mediastinal lymph nodes are demonstrated. CONCLUSION There is a mass present in the mid and lower rectum compatible with submitted history of a rectal carcinoma. No overt invasion of the adjacent perirectal fat or involvement of the circumferential resection margin is demonstrated on the CT scan. No distal metastases are demonstrated. There is evidence of some interstitial change at the periphery of both lungs suggesting a degree of interstitial fibrosis. Please correlate clinically for symptoms and significance. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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