# Row 1538

Visit Number: 3bb9955bae3bd05bb7d52456acc8850f368b366c18340abba56030e5446e3f83

Masked\_PatientID: 1533

Order ID: ef3f269191cac49d79106f0b8591df2cfb22c97e10305221b02f693889baa576

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/6/2017 17:14

Line Num: 1

Text: HISTORY Stage 3 rectal ca sp LAR and adjuvant chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT of 12/04/2016 was reviewed. THORAX A 3 mm pulmonary nodule in the right upper lobe (5/30) is stable and nonspecific. No new pulmonary nodule is seen. The previously reported interstitial changes, which is suggestive of fibrosis, in the periphery of the lungs is relatively stable in extent. There is no consolidation or pleural effusion. No enlarged lymph node is detected. There is no pericardial effusion. ABDOMEN PELVIS There is interim low anterior resection and no suspicious mass is seen at colonic anastomosis. The ileostomy is noted at the right lower anterior abdominal wall. There is no significantly enlarged lymph node. There are multiple gallstones. There is mild wall thickening at the body of the gallbladder which is nonspecific but stable. No dilatation of the biliary tree is seen. A lobulated 8 mm hypodense focus in the periphery of segment 2/3 of the liver is stable in size, though too small to characterise. Hepatic and portal veins are patent. There is no dilatation of the biliary tree. Multifocal bilateral renal cortical scarring is present. There is no suspicious renal mass or hydronephrosis. The spleen, pancreas and adrenal glands are unremarkable. The urinary bladder is not well distended. There has been prior hysterectomy. No suspicious pelvic mass is seen. There is no ascites. There is no destructive bony lesion. CONCLUSION No evidence of metastases on this scan. The other findings are as reported above. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1bd7b8f70c632c447a5159e0acb6b06f7f776c973e8614d65317f1885d8db2f3

Updated Date Time: 21/6/2017 17:04

## Layman Explanation

This radiology report discusses HISTORY Stage 3 rectal ca sp LAR and adjuvant chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT of 12/04/2016 was reviewed. THORAX A 3 mm pulmonary nodule in the right upper lobe (5/30) is stable and nonspecific. No new pulmonary nodule is seen. The previously reported interstitial changes, which is suggestive of fibrosis, in the periphery of the lungs is relatively stable in extent. There is no consolidation or pleural effusion. No enlarged lymph node is detected. There is no pericardial effusion. ABDOMEN PELVIS There is interim low anterior resection and no suspicious mass is seen at colonic anastomosis. The ileostomy is noted at the right lower anterior abdominal wall. There is no significantly enlarged lymph node. There are multiple gallstones. There is mild wall thickening at the body of the gallbladder which is nonspecific but stable. No dilatation of the biliary tree is seen. A lobulated 8 mm hypodense focus in the periphery of segment 2/3 of the liver is stable in size, though too small to characterise. Hepatic and portal veins are patent. There is no dilatation of the biliary tree. Multifocal bilateral renal cortical scarring is present. There is no suspicious renal mass or hydronephrosis. The spleen, pancreas and adrenal glands are unremarkable. The urinary bladder is not well distended. There has been prior hysterectomy. No suspicious pelvic mass is seen. There is no ascites. There is no destructive bony lesion. CONCLUSION No evidence of metastases on this scan. The other findings are as reported above. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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