# Row 1553

Visit Number: a2ef3d39879e39050552da0cddb0873668a8384cfac1cced1b76d6ae46649a88

Masked\_PatientID: 1541

Order ID: 985338276619b3ce99cab9c9bff6b4f985438bac87741954900074725526a6af

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/8/2017 17:48

Line Num: 1

Text: HISTORY Dukes B low rectal cancer s/p APR; for surveillance TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the CT of 8 November 2016. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Sternotomy wires in situ. Previous aortic valve replacement noted. The heart is mildly enlarged. No pericardial effusion is seen. There is 3 mm nodule in the right lung apex (5-21 and 12-29), which appears larger since the prior scan (prior 6-19 and 23-32). No consolidation is detected. Central airways are patent. Stable mild linear atelectasis is seen in the left lower lobe. No pleural effusion is seen. Several stable hypodense lesions are seen in the left hepatic lobe, measuring up to 1.5 cm. The larger lesions are compatible with cysts while the smaller ones cannot be characterised but are noted to be stable. No new suspicious focal hepatic lesion is detected. The gallbladder, spleen, pancreas and adrenal glands appear unremarkable. Stable hypodense lesions in both kidneys are likely cysts. Mild left renal cortical scarring noted.No hydronephrosis is detected. The contracted urinary bladder and prostate gland appear unremarkable. Previous abdomino-perineal resection noted. Soft tissue thickening at the site of surgery can be attributed to postsurgical changes. End colostomy noted in the left side of the abdomen. The remaining bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node or ascites is seen. Atherosclerotic changes are seen in the aorta and its major branches. No destructive bone lesion is seen. CONCLUSION 1. Status post abdomino-perineal resection. No gross local recurrence detected. Mild soft tissue thickening in the pelvis is attributable to postsurgical changes. No significantly enlarged lymph node detected. 2. Indeterminate 3 mm right lung apex nodule, larger since the prior scan. Attention on follow-up suggested. 3. Other known / minor findings: stable hepatic hypodensities (likely cysts), previous aortic valve replacement with mild cardiomegaly. May need further action Finalised by: <DOCTOR>

Accession Number: 0e44349c40218248a03b631650ed9fda91c544e8ed536e7b4497557688666fe7

Updated Date Time: 03/8/2017 11:00

## Layman Explanation

This radiology report discusses HISTORY Dukes B low rectal cancer s/p APR; for surveillance TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the CT of 8 November 2016. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Sternotomy wires in situ. Previous aortic valve replacement noted. The heart is mildly enlarged. No pericardial effusion is seen. There is 3 mm nodule in the right lung apex (5-21 and 12-29), which appears larger since the prior scan (prior 6-19 and 23-32). No consolidation is detected. Central airways are patent. Stable mild linear atelectasis is seen in the left lower lobe. No pleural effusion is seen. Several stable hypodense lesions are seen in the left hepatic lobe, measuring up to 1.5 cm. The larger lesions are compatible with cysts while the smaller ones cannot be characterised but are noted to be stable. No new suspicious focal hepatic lesion is detected. The gallbladder, spleen, pancreas and adrenal glands appear unremarkable. Stable hypodense lesions in both kidneys are likely cysts. Mild left renal cortical scarring noted.No hydronephrosis is detected. The contracted urinary bladder and prostate gland appear unremarkable. Previous abdomino-perineal resection noted. Soft tissue thickening at the site of surgery can be attributed to postsurgical changes. End colostomy noted in the left side of the abdomen. The remaining bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node or ascites is seen. Atherosclerotic changes are seen in the aorta and its major branches. No destructive bone lesion is seen. CONCLUSION 1. Status post abdomino-perineal resection. No gross local recurrence detected. Mild soft tissue thickening in the pelvis is attributable to postsurgical changes. No significantly enlarged lymph node detected. 2. Indeterminate 3 mm right lung apex nodule, larger since the prior scan. Attention on follow-up suggested. 3. Other known / minor findings: stable hepatic hypodensities (likely cysts), previous aortic valve replacement with mild cardiomegaly. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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