# Row 1555

Visit Number: 952fd03c791f88c06af88ac95d413cdb51f97fd21c1d673a4e2651b87b373c8f

Masked\_PatientID: 1541

Order ID: c0b0e6ad67fb914f3e0a55dc275a4042a8a364e63758640c0deca66fdeb1e31b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/4/2019 11:59

Line Num: 1

Text: HISTORY Low rectal cancer s\p APR Dec 2016. For surveillance. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Prior CT thorax, abdomen and pelvis dated 3 November 2018 wasreviewed. There is interval resolution of previously seen patchy consolidation in the right lung. Now, there is a rounded pulmonary nodule in the apical segment of the right upper lobe, measuring 1.3 x 1.2 cm (5-18). This has likely arisen from preexisting nodule in this area seen on earlier CT studies, and worrisome for metastasis\second primary. Histological correlation suggested. Patchy scarring is seen in bilateral lower lobes and the lingular segment. No new consolidation is seen. No pleural effusion is present. Interval decrease in size of previously seen subcentimetre left supraclavicular, right paratracheal, right hilar and subcarinal nodes, but still seen. The heart is enlarged. Prosthetic aortic valve and mitral annuloplasty ring are noted. Coronary artery calcifications are noted. There is mild reflux of contrast into the inferior vena cava, suggesting right heart impairment. Stable hypodense lesions in the left hepatic lobe are again noted; the larger ones are cysts while the subcentimetre ones are too small to characterise but likely cysts too. The largest cyst is seen in segment III measuring 2.1 cm. The hepatic and portal veins opacify normally. The gallbladder appears unremarkable. Stable mildly dilated common bile duct measuring up to 1.4 cm is again noted. A tiny 2mm calcification is noted again in pancreatic head, possibly related to pancreatic duct The pancreatic duct itself is not dilated. The pancreas is unremarkable. No peripancreatic stranding is seen. The adrenal glands and spleen appear unremarkable. The kidneys are symmetrical in size. Stable hypodensities are seen in both renal cortices; the larger ones are cysts while the subcentimetre ones aretoo small to characterise. Stable small calcification in the right kidney. No hydronephrosis or perinephric stranding seen. Urinary bladder is under distended. The prostate is enlarged. Nonspecific prostatic calcifications are noted. Prior abdominopelvic resection is noted. Postsurgical changes are noted in the pelvic floor, fairly stable. No interval mass lesion is seen at the surgical site to suggest local recurrence. Bowel loops are of normal calibre. Colostomy noted. No significantly enlarged abdominal or pelvic lymph node is seen. No intraperitoneal free fluid is detected. No destructive bony lesion is seen. Degenerative changes are noted in the imaged spine. Scattered bone islands are noted. CONCLUSION 1) Interval resolution of the right lung patchy consolidation. 2) In the right lung apex, now there is 1.3 cm pulmonary nodule which has likely arisen from a preexisting nodule in this area seen on earlier CT studies, and worrisome for metastasis\second primary. Histological correlation suggested. Small volume to borderline mediastinal nodes have shown interval decrease in size from last CT study but still present 3) Prior abdominopelvic resection with no evidence of local recurrence. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 5c6010e24381c66f1d180858df0a237eccbea912c615153a05369d6905e784c0

Updated Date Time: 05/4/2019 19:10

## Layman Explanation

This radiology report discusses HISTORY Low rectal cancer s\p APR Dec 2016. For surveillance. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Prior CT thorax, abdomen and pelvis dated 3 November 2018 wasreviewed. There is interval resolution of previously seen patchy consolidation in the right lung. Now, there is a rounded pulmonary nodule in the apical segment of the right upper lobe, measuring 1.3 x 1.2 cm (5-18). This has likely arisen from preexisting nodule in this area seen on earlier CT studies, and worrisome for metastasis\second primary. Histological correlation suggested. Patchy scarring is seen in bilateral lower lobes and the lingular segment. No new consolidation is seen. No pleural effusion is present. Interval decrease in size of previously seen subcentimetre left supraclavicular, right paratracheal, right hilar and subcarinal nodes, but still seen. The heart is enlarged. Prosthetic aortic valve and mitral annuloplasty ring are noted. Coronary artery calcifications are noted. There is mild reflux of contrast into the inferior vena cava, suggesting right heart impairment. Stable hypodense lesions in the left hepatic lobe are again noted; the larger ones are cysts while the subcentimetre ones are too small to characterise but likely cysts too. The largest cyst is seen in segment III measuring 2.1 cm. The hepatic and portal veins opacify normally. The gallbladder appears unremarkable. Stable mildly dilated common bile duct measuring up to 1.4 cm is again noted. A tiny 2mm calcification is noted again in pancreatic head, possibly related to pancreatic duct The pancreatic duct itself is not dilated. The pancreas is unremarkable. No peripancreatic stranding is seen. The adrenal glands and spleen appear unremarkable. The kidneys are symmetrical in size. Stable hypodensities are seen in both renal cortices; the larger ones are cysts while the subcentimetre ones aretoo small to characterise. Stable small calcification in the right kidney. No hydronephrosis or perinephric stranding seen. Urinary bladder is under distended. The prostate is enlarged. Nonspecific prostatic calcifications are noted. Prior abdominopelvic resection is noted. Postsurgical changes are noted in the pelvic floor, fairly stable. No interval mass lesion is seen at the surgical site to suggest local recurrence. Bowel loops are of normal calibre. Colostomy noted. No significantly enlarged abdominal or pelvic lymph node is seen. No intraperitoneal free fluid is detected. No destructive bony lesion is seen. Degenerative changes are noted in the imaged spine. Scattered bone islands are noted. CONCLUSION 1) Interval resolution of the right lung patchy consolidation. 2) In the right lung apex, now there is 1.3 cm pulmonary nodule which has likely arisen from a preexisting nodule in this area seen on earlier CT studies, and worrisome for metastasis\second primary. Histological correlation suggested. Small volume to borderline mediastinal nodes have shown interval decrease in size from last CT study but still present 3) Prior abdominopelvic resection with no evidence of local recurrence. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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