# Row 1673

Visit Number: cbfcd1a16079a650497382dfcfa479ab26576fcf2a2b0804d03ee954e882fcb0

Masked\_PatientID: 1661

Order ID: a94b790899f77ee89e947937bdfce4e6d58030e8871197bff8272bc4c4157f1b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/5/2020 15:38

Line Num: 1

Text: HISTORY Restaging scan; Colon CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS ABDOMEN PELVIS There has been interim resection of the previously seen sigmoid tumour. No suspicious mass is seen at the colonic anastomosis. The bowel is normal in calibre. Although the appendix is mildly prominent in calibre, there is no evidence of superimposed inflammation. There is no significantly enlarged lymph node. At the midline of the lower abdomen/pelvis, intraperitoneal fat stranding can be seen deep to the laparotomy scar. This is most likely postsurgical change. Abutting the collapsed urinary bladder anteriorly on the right, there is a 3.4 x 2.8 cm lesion. It contains a thin enhancing rim with a heterogeneously dense centre (up to 51 HU. The above-mentioned fat stranding does not appear centred on this collection which has the appearance of haematoma. Hepatic segment II subcentimetre hypodense focus is too small to characterise but stable. No new suspicious hepatic lesion. The 6 mm right adrenal nodule is stable. The spleen, pancreas, gallbladder and left adrenal gland are unremarkable. No focal renal lesion or hydronephrosis. CHEST A tiny middle lobe subpleural nodule (6/64) is nonspecific but stable. There are a few stable calcified granulomata in the lower lobe of the right lung. The apparent small ground-glass opacity at the right upper lobe (6/25 - 26, 7/51 - 53) appears flat on the coronal images, possibly atelectasis. There is no consolidation or pleural effusion. Paratracheal lymph node seen anteriorly (5/40) is borderline enlarged but stable in size. This is nonspecific. There is priorCABG. Heart size appears prominent. No pericardial effusion. There is no destructive bony lesion. There is grade 1 L3-L4 retrolisthesis. CONCLUSION No new changes to suggest metastasis on the scan. A rim enhancing circumscribed lesion abutting the urinary bladder wall on the right anteriorly has the appearance of a chronic haematoma. Suggest attention on followup imaging. Stable borderline enlarged paratracheal lymph node is non-specific. Other findings as reported above.Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: d6d831ca911f005eb00a689422f0d6cb99438c5b01ad8f9ea740d2321798a4c2

Updated Date Time: 20/5/2020 12:53

## Layman Explanation

This radiology report discusses HISTORY Restaging scan; Colon CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS ABDOMEN PELVIS There has been interim resection of the previously seen sigmoid tumour. No suspicious mass is seen at the colonic anastomosis. The bowel is normal in calibre. Although the appendix is mildly prominent in calibre, there is no evidence of superimposed inflammation. There is no significantly enlarged lymph node. At the midline of the lower abdomen/pelvis, intraperitoneal fat stranding can be seen deep to the laparotomy scar. This is most likely postsurgical change. Abutting the collapsed urinary bladder anteriorly on the right, there is a 3.4 x 2.8 cm lesion. It contains a thin enhancing rim with a heterogeneously dense centre (up to 51 HU. The above-mentioned fat stranding does not appear centred on this collection which has the appearance of haematoma. Hepatic segment II subcentimetre hypodense focus is too small to characterise but stable. No new suspicious hepatic lesion. The 6 mm right adrenal nodule is stable. The spleen, pancreas, gallbladder and left adrenal gland are unremarkable. No focal renal lesion or hydronephrosis. CHEST A tiny middle lobe subpleural nodule (6/64) is nonspecific but stable. There are a few stable calcified granulomata in the lower lobe of the right lung. The apparent small ground-glass opacity at the right upper lobe (6/25 - 26, 7/51 - 53) appears flat on the coronal images, possibly atelectasis. There is no consolidation or pleural effusion. Paratracheal lymph node seen anteriorly (5/40) is borderline enlarged but stable in size. This is nonspecific. There is priorCABG. Heart size appears prominent. No pericardial effusion. There is no destructive bony lesion. There is grade 1 L3-L4 retrolisthesis. CONCLUSION No new changes to suggest metastasis on the scan. A rim enhancing circumscribed lesion abutting the urinary bladder wall on the right anteriorly has the appearance of a chronic haematoma. Suggest attention on followup imaging. Stable borderline enlarged paratracheal lymph node is non-specific. Other findings as reported above.Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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