# Row 1965

Visit Number: 573f50a730a22d852711ad6ab3af848c36aa588548f611438d1a4ac6ae95c752

Masked\_PatientID: 1963

Order ID: 88fdcf500bcd292087472d8151168edeb8723faa1d8bc680cd48e8066dc8474d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/2/2017 20:34

Line Num: 1

Text: HISTORY Desaturation for ix; Hx of metastatic colon adenocarcinoma to lung Hx of asthma currently has type 1 respi failure with SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume(ml): 75 FINDINGS Compared with previous CT study dated 10/11/2016. The pulmonary trunk, main pulmonary arteries, their lobar, segmental and proximal subsegmental branches opacify normally without any filling defects to suspect pulmonary emboli. The rest of the mediastinal vasculature also enhances normally. No pericardial effusion. The enlarged lymph nodes at right hilum, subcarinal and pretracheal regions are noted again, some of these appear larger now example compare 402 - 30 current versus 2-20 previous). Multiple spiculated and lobulated lung nodules are also present, more numerous in right lower lobe. These also show interval increase in size and are likely metastatic. A peripheral area of consolidation in right lower lobe (401-90) is marginally more prominent now with interval development of other smaller areas inferior to it. Some airway thickening, mucous plugging and interstitial thickening is also seen now. Part of these may represent infective / inflammatory changes. Background emphysematous changes are noted again. A small right effusion has developed in the interval. The major airways are patent. Multiple interval new hepatic hypodensities are seen (501-20), highly suspicious for metastasis. Other hepatic hypodensities are stable and may represent cysts. Bilateral renal hypodensities are stable and too small for characterisation but likely cysts. There is a nonobstructing right renal calculus. Nodular thickening of the left adrenal gland (501-22), indeterminate. The spleen, pancreas, gallbladder, right adrenal gland appear grossly unremarkable. Previous right hemicolectomy with no evidence of recurrent mass or bowel dilatation. No enlarged retroperitoneal nodes, ascites or peritoneal nodularity. The prostate gland is enlarged. The bone windows do not reveal any destructive bony lesions. A few small sclerotic foci present in lumbar vertebral bodies, nonspecific. There is chronic total occlusion of the right external iliac artery with re formation at the level of the superficial femoral artery. CONCLUSION Status post right hemicolectomy. Compared to previous CT study of 10/11/2016,interval development of multiple new hepatic hypodensities, highly suspicious for metastasis. Mediastinal and right hilar adenopathy as well as spiculated lesions in the lungs, particularly in right lower lobe also show interval increase in size, indicating disease progression. Left adrenal nodular thickening, indeterminate. A peripheral area of consolidation in right lower lobe appears marginally more prominent now with interval new smaller areas adjacent to it with some airway and interstitial thickening. Part of these may represent infective / inflammatory changes and would need clinical correlation. A small right effusion. Negative CT study for pulmonary embolism.. Other minor findings as described above, stable. May need further action Finalised by: <DOCTOR>

Accession Number: 495710682875c2d0995351965d55c55d7ac913b7bba1c3f9333303cdab8e9534

Updated Date Time: 03/2/2017 10:15

## Layman Explanation

This radiology report discusses HISTORY Desaturation for ix; Hx of metastatic colon adenocarcinoma to lung Hx of asthma currently has type 1 respi failure with SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume(ml): 75 FINDINGS Compared with previous CT study dated 10/11/2016. The pulmonary trunk, main pulmonary arteries, their lobar, segmental and proximal subsegmental branches opacify normally without any filling defects to suspect pulmonary emboli. The rest of the mediastinal vasculature also enhances normally. No pericardial effusion. The enlarged lymph nodes at right hilum, subcarinal and pretracheal regions are noted again, some of these appear larger now example compare 402 - 30 current versus 2-20 previous). Multiple spiculated and lobulated lung nodules are also present, more numerous in right lower lobe. These also show interval increase in size and are likely metastatic. A peripheral area of consolidation in right lower lobe (401-90) is marginally more prominent now with interval development of other smaller areas inferior to it. Some airway thickening, mucous plugging and interstitial thickening is also seen now. Part of these may represent infective / inflammatory changes. Background emphysematous changes are noted again. A small right effusion has developed in the interval. The major airways are patent. Multiple interval new hepatic hypodensities are seen (501-20), highly suspicious for metastasis. Other hepatic hypodensities are stable and may represent cysts. Bilateral renal hypodensities are stable and too small for characterisation but likely cysts. There is a nonobstructing right renal calculus. Nodular thickening of the left adrenal gland (501-22), indeterminate. The spleen, pancreas, gallbladder, right adrenal gland appear grossly unremarkable. Previous right hemicolectomy with no evidence of recurrent mass or bowel dilatation. No enlarged retroperitoneal nodes, ascites or peritoneal nodularity. The prostate gland is enlarged. The bone windows do not reveal any destructive bony lesions. A few small sclerotic foci present in lumbar vertebral bodies, nonspecific. There is chronic total occlusion of the right external iliac artery with re formation at the level of the superficial femoral artery. CONCLUSION Status post right hemicolectomy. Compared to previous CT study of 10/11/2016,interval development of multiple new hepatic hypodensities, highly suspicious for metastasis. Mediastinal and right hilar adenopathy as well as spiculated lesions in the lungs, particularly in right lower lobe also show interval increase in size, indicating disease progression. Left adrenal nodular thickening, indeterminate. A peripheral area of consolidation in right lower lobe appears marginally more prominent now with interval new smaller areas adjacent to it with some airway and interstitial thickening. Part of these may represent infective / inflammatory changes and would need clinical correlation. A small right effusion. Negative CT study for pulmonary embolism.. Other minor findings as described above, stable. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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