# Row 2240

Visit Number: 955a880dc418bbc37eaa7e92c86672456b2eb7096f05f6d9a80762ad2864d4df

Masked\_PatientID: 2235

Order ID: 30e57c0b8e6aa37413d74ed73eb103f31cb2cba66332636c81801f5e4e92b2aa

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/12/2020 14:05

Line Num: 1

Text: HISTORY Leukoerythroblastic picture on PBF, TRO infiltration from malignancy; Breast CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made to the prior PET CT study dated 30 January 2019. THORAX Prior right mastectomy. No features to suggest local recurrence. No significantly enlarged axillary or supraclavicular lymph nodes are detected. Small volume mediastinal lymph nodes are nonspecific. The mediastinal vessels opacify normally. The pacemaker device is seen with lead tips in the right atrium and right ventricle. The heart is enlarged. There is no pericardial or pleural effusion. There are a few tiny 2-3 mm scattered pulmonarynodules in both lungs for example in the left lower lobe (04- 69, 71). These are nonspecific. Mild scattered areas of subsegmental atelectatic changes are also present. There are hypodense nodules in the thyroid gland. ABDOMEN AND PELVIS A tiny hepatic hypodensity at the dome is too small to characterise. No biliary dilatation or radiodense gallstone is seen. The previously noted splenic hypodensity has almost resolved, mild residual tiny hypodensity at the lower pole is possibly postinflammatory in nature (09 - 49). The pancreas and the adrenal glands are unremarkable. Bilateral renal cysts are present. Further tiny renal hypodensities are too small to characterise. The small and large bowel loops are of normal calibre. The urinary bladder shows no suspicious features. Fibroid uterus. The ovaries are atrophied. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites. No destructive bony process. CONCLUSION No evidence of local recurrence. A few tiny scattered pulmonary nodules are nonspecific. Attention on follow-up is suggested. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 77879335b563cdd057b8c687842d97ddbd999dd8cad9cf04f5d72077fc1e5255

Updated Date Time: 04/12/2020 15:02

## Layman Explanation

This radiology report discusses HISTORY Leukoerythroblastic picture on PBF, TRO infiltration from malignancy; Breast CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made to the prior PET CT study dated 30 January 2019. THORAX Prior right mastectomy. No features to suggest local recurrence. No significantly enlarged axillary or supraclavicular lymph nodes are detected. Small volume mediastinal lymph nodes are nonspecific. The mediastinal vessels opacify normally. The pacemaker device is seen with lead tips in the right atrium and right ventricle. The heart is enlarged. There is no pericardial or pleural effusion. There are a few tiny 2-3 mm scattered pulmonarynodules in both lungs for example in the left lower lobe (04- 69, 71). These are nonspecific. Mild scattered areas of subsegmental atelectatic changes are also present. There are hypodense nodules in the thyroid gland. ABDOMEN AND PELVIS A tiny hepatic hypodensity at the dome is too small to characterise. No biliary dilatation or radiodense gallstone is seen. The previously noted splenic hypodensity has almost resolved, mild residual tiny hypodensity at the lower pole is possibly postinflammatory in nature (09 - 49). The pancreas and the adrenal glands are unremarkable. Bilateral renal cysts are present. Further tiny renal hypodensities are too small to characterise. The small and large bowel loops are of normal calibre. The urinary bladder shows no suspicious features. Fibroid uterus. The ovaries are atrophied. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites. No destructive bony process. CONCLUSION No evidence of local recurrence. A few tiny scattered pulmonary nodules are nonspecific. Attention on follow-up is suggested. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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