# Row 2365

Visit Number: 875b581b1afcf4340335a646c2a335594b98212b9dd8c4a197ee80dad3ff7ac2

Masked\_PatientID: 2356

Order ID: e7b4b81e7034eb23f4cdc09c70d6dbfa323ff98019289d7a7f9030dc70239777

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/1/2020 9:42

Line Num: 1

Text: HISTORY Newly diagnosed colon ca Scope 17/1 desc sigmoid junction tumour 35cm FAV 1/2 circumference TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with previous CT KUB dated 31/01/2017 and CT urography dated 08/12/2013. There is an eccentric soft tissue mass in the proximal sigmoid colon approximately measuring 2.5 x 2.4 cm (7-180). Adjacent mild nodular mural thickening is also noted (7-121). There is slight stranding of the adjacent fat but no overt extra serosal nodular extension detected. Multiple surgical clips are noted in the sigmoid, transverse and descending colon from prior intervention. The bowel loops are otherwise normal in calibre. Small sliding hiatus hernia noted. No significantly enlarged loco-regional lymph node, peritoneal nodule or free fluid detected. A few scattered small subcentimetre hypodensities in both lobes of the liver are too small to characterise but largely stable. No new suspicious focal hepatic lesion is detected. The biliary tree is not dilated. The portal and splenic veins show normal opacification. The gallbladder is not visualised. The adrenal glands, pancreas and spleen are unremarkable. The kidneys are normal in size demonstrating symmetrical enhancement. A few tiny hypodensities in the kidneys are too small to characterise. There is scarring in the interpolar region of the right kidney. Minimal perinephricfat stranding bilaterally is nonspecific. A faint tiny caliceal calculus is noted again in the right upper pole. There is no hydronephrosis. The partially distended urinary bladder is unremarkable. The prostate is enlarged with interval increase nodular bulging on the left anterolateral aspect (7-142). Mild fat distension of the inguinal canals noted bilaterally. Mucous strands are noted in the trachea but otherwise patent. No focal suspicious pulmonary lesion is detected. Dependentchanges/atelectasis are noted bilaterally. Midline sternotomy and previous CABG noted. The heart is mildly enlarged. Moderate coronary atherosclerotic calcifications are present. No significant enlarged intrathoracic or supraclavicular lymph node detected. No pleural or pericardial abnormality seen. There is a tiny 5 mm subcutaneous nodule in the right anterior chest wall in the subcutaneous plane, nonspecific (5-36). No destructive bony lesion detected. CONCLUSION Proximal sigmoid soft tissue mass with mural thickening in keeping with the submitted history of sigmoid malignancy. No significantly enlarged loco-regional lymph node or evidence of distant metastasis detected. Asymmetrically enlarged prostate with increased nodular bulging along the left anterolateral aspect. Further clinical evaluation and correlation with PSA suggested. Tiny nonspecific subcutaneous nodule in the right anterior chest wall. Suggest further clinical correlation. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 02b67b56857ab7bef126900aa94c8c5d1092eba3f04d21ef77abda7fe9c0bc68

Updated Date Time: 19/1/2020 11:35

## Layman Explanation

This radiology report discusses HISTORY Newly diagnosed colon ca Scope 17/1 desc sigmoid junction tumour 35cm FAV 1/2 circumference TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with previous CT KUB dated 31/01/2017 and CT urography dated 08/12/2013. There is an eccentric soft tissue mass in the proximal sigmoid colon approximately measuring 2.5 x 2.4 cm (7-180). Adjacent mild nodular mural thickening is also noted (7-121). There is slight stranding of the adjacent fat but no overt extra serosal nodular extension detected. Multiple surgical clips are noted in the sigmoid, transverse and descending colon from prior intervention. The bowel loops are otherwise normal in calibre. Small sliding hiatus hernia noted. No significantly enlarged loco-regional lymph node, peritoneal nodule or free fluid detected. A few scattered small subcentimetre hypodensities in both lobes of the liver are too small to characterise but largely stable. No new suspicious focal hepatic lesion is detected. The biliary tree is not dilated. The portal and splenic veins show normal opacification. The gallbladder is not visualised. The adrenal glands, pancreas and spleen are unremarkable. The kidneys are normal in size demonstrating symmetrical enhancement. A few tiny hypodensities in the kidneys are too small to characterise. There is scarring in the interpolar region of the right kidney. Minimal perinephricfat stranding bilaterally is nonspecific. A faint tiny caliceal calculus is noted again in the right upper pole. There is no hydronephrosis. The partially distended urinary bladder is unremarkable. The prostate is enlarged with interval increase nodular bulging on the left anterolateral aspect (7-142). Mild fat distension of the inguinal canals noted bilaterally. Mucous strands are noted in the trachea but otherwise patent. No focal suspicious pulmonary lesion is detected. Dependentchanges/atelectasis are noted bilaterally. Midline sternotomy and previous CABG noted. The heart is mildly enlarged. Moderate coronary atherosclerotic calcifications are present. No significant enlarged intrathoracic or supraclavicular lymph node detected. No pleural or pericardial abnormality seen. There is a tiny 5 mm subcutaneous nodule in the right anterior chest wall in the subcutaneous plane, nonspecific (5-36). No destructive bony lesion detected. CONCLUSION Proximal sigmoid soft tissue mass with mural thickening in keeping with the submitted history of sigmoid malignancy. No significantly enlarged loco-regional lymph node or evidence of distant metastasis detected. Asymmetrically enlarged prostate with increased nodular bulging along the left anterolateral aspect. Further clinical evaluation and correlation with PSA suggested. Tiny nonspecific subcutaneous nodule in the right anterior chest wall. Suggest further clinical correlation. 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.