# Row 3230

Visit Number: e602565f5754ee5e050e27c20ad09d4fa574ce49317df738ca9303830abfcc60

Masked\_PatientID: 3222

Order ID: de05da364980fa1470d847051317330b1b9eaeb93b15940857bc12d120763704

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/12/2016 15:07

Line Num: 1

Text: HISTORY anaemia, ascending colon tumour s/p colonoscopy, identified ascending colon tumour (unable to scope past), biopsy done colonoscopist recommended CT TAP today TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with previous CT examination dated 21/11/2016. There is a mass at the caecal pole approximately measuring 4.2 x 2 x 3.5 cm (image 501-86, 503-38). It extends up to the ileocecal junction with no evidence of upstream small bowel dilatation. The appendix is within normal limits. There is adjacent fat stranding (example image 501-81). Small nodular protrusions medially and anteriorly (images 501-86 and 88) may represent extra serosal involvement. A few small volume nodes in the ileocecal region measuring up to 7 mm in short axis (image 501-80) and in the right anterior para colic region measuring up to 4 mm (image 501-79) are also seen. No significantly enlarged retroperitoneal or upper abdominal lymph node. Surgical clips are noted at the caecal tumour as well as in the proximal sigmoid and rectum from prior colonoscopy. No suspicious hepatic lesion is seen. The portal and splenic veins are patent. The biliary tree is within normal limits. There is high density layering within the gallbladder suggestive of sludge. The adrenal glands and spleen are unremarkable. Small cystic lesions measuring 6 mm at the tail and 1.4 cmin the uncinate process of the pancreas may represent cystic neoplasms or intraductal papillary mucinous neoplasms (IPMN). The main pancreatic duct is not overtly dilated. There is a small periampullary diverticulum arising from the second part of the duodenum. The stomach is collapsed for further evaluation. No overt peritoneal nodularity or free fluid is seen. A small 5 mm nodule in the right perinephric space appears slightly prominent (image 501-16). This may represent a small node. The urinary bladder is unremarkable. The prostate is within normal size limits. There are numerous cysts in both kidneys, the largest in the left interpolar region measuring 6 cm. There is mural calcification within some of the cysts. Many cysts show higher than fluid attenuation nature due to proteinaceous content. No hydronephrosis seen. Minimal perinephric fat stranding bilaterally are nonspecific. In the right gluteal fat, there is a 12 mm nodule with foci of calcification (image 501-105), of uncertain significance. Minor atelectatic changes are seen in the lungs bilaterally. No focal suspicious pulmonary nodule is present. No enlarged hilar or mediastinal node is seen. There is a right internal jugular venous central catheter with the tip in the right ventricle. The heart is mildly enlarged. Coronary arterial calcifications noted. There is sliver of right pleural effusion. No destructive bony lesion detected. CONCLUSION Massin the caecum is suspicious for malignancy. Mild adjacent fat stranding and possible small extra serosal extensions are seen. Few small volume para colic and ileocecal subcentimetre nodes are indeterminate. No suspicious hepatic or pulmonary lesion detected. Small cystic lesions in the pancreas may represent cystic neoplasms or IPMNs. Other stable incidental findings as detailed. May need further action Finalised by: <DOCTOR>

Accession Number: e08eab10dc55b48b545459a0aa0eeed09e92fb699cde55c2223694ed011f9c06

Updated Date Time: 26/12/2016 12:49

## Layman Explanation

This radiology report discusses HISTORY anaemia, ascending colon tumour s/p colonoscopy, identified ascending colon tumour (unable to scope past), biopsy done colonoscopist recommended CT TAP today TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with previous CT examination dated 21/11/2016. There is a mass at the caecal pole approximately measuring 4.2 x 2 x 3.5 cm (image 501-86, 503-38). It extends up to the ileocecal junction with no evidence of upstream small bowel dilatation. The appendix is within normal limits. There is adjacent fat stranding (example image 501-81). Small nodular protrusions medially and anteriorly (images 501-86 and 88) may represent extra serosal involvement. A few small volume nodes in the ileocecal region measuring up to 7 mm in short axis (image 501-80) and in the right anterior para colic region measuring up to 4 mm (image 501-79) are also seen. No significantly enlarged retroperitoneal or upper abdominal lymph node. Surgical clips are noted at the caecal tumour as well as in the proximal sigmoid and rectum from prior colonoscopy. No suspicious hepatic lesion is seen. The portal and splenic veins are patent. The biliary tree is within normal limits. There is high density layering within the gallbladder suggestive of sludge. The adrenal glands and spleen are unremarkable. Small cystic lesions measuring 6 mm at the tail and 1.4 cmin the uncinate process of the pancreas may represent cystic neoplasms or intraductal papillary mucinous neoplasms (IPMN). The main pancreatic duct is not overtly dilated. There is a small periampullary diverticulum arising from the second part of the duodenum. The stomach is collapsed for further evaluation. No overt peritoneal nodularity or free fluid is seen. A small 5 mm nodule in the right perinephric space appears slightly prominent (image 501-16). This may represent a small node. The urinary bladder is unremarkable. The prostate is within normal size limits. There are numerous cysts in both kidneys, the largest in the left interpolar region measuring 6 cm. There is mural calcification within some of the cysts. Many cysts show higher than fluid attenuation nature due to proteinaceous content. No hydronephrosis seen. Minimal perinephric fat stranding bilaterally are nonspecific. In the right gluteal fat, there is a 12 mm nodule with foci of calcification (image 501-105), of uncertain significance. Minor atelectatic changes are seen in the lungs bilaterally. No focal suspicious pulmonary nodule is present. No enlarged hilar or mediastinal node is seen. There is a right internal jugular venous central catheter with the tip in the right ventricle. The heart is mildly enlarged. Coronary arterial calcifications noted. There is sliver of right pleural effusion. No destructive bony lesion detected. CONCLUSION Massin the caecum is suspicious for malignancy. Mild adjacent fat stranding and possible small extra serosal extensions are seen. Few small volume para colic and ileocecal subcentimetre nodes are indeterminate. No suspicious hepatic or pulmonary lesion detected. Small cystic lesions in the pancreas may represent cystic neoplasms or IPMNs. Other stable incidental findings as detailed. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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