# Row 344

Visit Number: 226485aedc8b1da44e4853a8cad5617e72a0b8d42b8268d71f3e240858e7f0c5

Masked\_PatientID: 342

Order ID: db420d43179cbd122001ba7e895232a093bff1029c27918eb133396cab015552

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 01/12/2020 19:11

Line Num: 1

Text: HISTORY ?Bone mets noted on MRI imaging, to screen for primary tumour TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 80 FINDINGS MRI lumbar spine 1 December 2020 and CT urography 7 August 1019 were reviewed. No suspicious nodule or consolidation seen in the lungs. There is no bronchiectasis or tree in bud nodularity. Central airways are patent. There is an accessory fissure on the right lower lobes separate in the anteriorand lateral segments There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. There are small calcified subcarinal and right paratracheal nodes, suggestive of previous granulomatous disease. Heart is not enlarged. Thereis no pericardial or pleural effusion. Bilateral gynecomastia is present. Patient is status post right nephrectomy. No gross mass seen in the surgical bed. Multiple cysts seen in the left kidney. There is no hydronephrosis. Mild left perinephric stranding is nonspecific. The urinary bladder is collapsed. Prostate gland is not enlarged. Seminal vesicles are grossly unremarkable. Scattered small subcentimetre hypodensities in the liver too small to characterise possibly cysts. Hepatic and portal veins are patent. Small calculi in the gallbladder. Pancreas, spleen and left adrenal gland are unremarkable. Stable diffuse nodular thickening of the right adrenal gland is nonspecific. Bowel loops are normal in calibre. No enlarged abdominal or pelvic lymph node is seen. There is no ascites. Aorta is normal in calibre. No destructive bony lesion. Well defined lucent lesion at the left acetabulum probably degenerative cyst. Diffuse sclerosis of the vertebrae suggestiveof renal osteodystrophy. There is ill-defined perivertebral soft tissue thickening seen from L2-3 to L3-4 level. This is an interval finding from August 2019. Ill-defined sclerosis at the right ischial tuberosity with associated band-like soft tissue calcification inferiorly is nonspecific, likely degenerative . CONCLUSION No suspicious mass or adenopathy detected in the thorax, abdomen or pelvis. Ill-defined para vertebral soft tissue thickening seen at L2-3 to L3-4 level. Couple with MRI findings this raises suspicion of spondylodisciitis with subligamentous spread. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: a68e5482baddf2f7e55e297cd17c7f58dd66a7c9446cbd783b6fcf48d77f7242

Updated Date Time: 01/12/2020 21:29

## Layman Explanation

This radiology report discusses HISTORY ?Bone mets noted on MRI imaging, to screen for primary tumour TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 80 FINDINGS MRI lumbar spine 1 December 2020 and CT urography 7 August 1019 were reviewed. No suspicious nodule or consolidation seen in the lungs. There is no bronchiectasis or tree in bud nodularity. Central airways are patent. There is an accessory fissure on the right lower lobes separate in the anteriorand lateral segments There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. There are small calcified subcarinal and right paratracheal nodes, suggestive of previous granulomatous disease. Heart is not enlarged. Thereis no pericardial or pleural effusion. Bilateral gynecomastia is present. Patient is status post right nephrectomy. No gross mass seen in the surgical bed. Multiple cysts seen in the left kidney. There is no hydronephrosis. Mild left perinephric stranding is nonspecific. The urinary bladder is collapsed. Prostate gland is not enlarged. Seminal vesicles are grossly unremarkable. Scattered small subcentimetre hypodensities in the liver too small to characterise possibly cysts. Hepatic and portal veins are patent. Small calculi in the gallbladder. Pancreas, spleen and left adrenal gland are unremarkable. Stable diffuse nodular thickening of the right adrenal gland is nonspecific. Bowel loops are normal in calibre. No enlarged abdominal or pelvic lymph node is seen. There is no ascites. Aorta is normal in calibre. No destructive bony lesion. Well defined lucent lesion at the left acetabulum probably degenerative cyst. Diffuse sclerosis of the vertebrae suggestiveof renal osteodystrophy. There is ill-defined perivertebral soft tissue thickening seen from L2-3 to L3-4 level. This is an interval finding from August 2019. Ill-defined sclerosis at the right ischial tuberosity with associated band-like soft tissue calcification inferiorly is nonspecific, likely degenerative . CONCLUSION No suspicious mass or adenopathy detected in the thorax, abdomen or pelvis. Ill-defined para vertebral soft tissue thickening seen at L2-3 to L3-4 level. Couple with MRI findings this raises suspicion of spondylodisciitis with subligamentous spread. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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