# Row 3490

Visit Number: 0b51b60475d15b256884ac89bb180b5388c02dce031dfdefd63c7f45de50d707

Masked\_PatientID: 3480

Order ID: 7a30c12ffd2b09572702625016465bc4f3b7384731a7d805c4d78782d1b4c7b2

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/5/2020 18:53

Line Num: 1

Text: HISTORY Ca breast, dermatomyositis flare, to make sure not Ca recrurrence TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT done on February 2, 2015 was reviewed. CHESTAtelectasis in the middle lobe. No suspicious pulmonary nodule or mass. No pleural effusion, thickening, or pneumothorax. Mediastinal vessels are unremarkable. No enlarged thoracic lymph node. No supraclavicular lymphadenopathy. Cardiac size appears normal. No pericardial effusion. Scarring with calcification is noted in the left breast, better assessed on the previous mammogram (series 5, image 57). No enlarged axillary lymph node. Tiny subcentimetre hypodensities are noted in the right lobe of the thyroid. ABDOMEN AND PELVIS Fatty liver with areas of fat sparring in the periportal region. No suspicious focal lesion. The spleen, pancreas, both adrenal glands show no abnormalities. 8 mm cyst in the rightinterpolar region. Few other tiny subcentimetre hypodensities in both kidneys are too small to characterise. No calculus or hydronephrosis. Few small hyperdensities in the gallbladder may represent gallstones. No biliary dilatation. The urinary bladder is normal in appearance. Uterus and both ovaries are unremarkable. No adnexal mass. Few small calcific foci in the right hemipelvis likely represents peritoneal loose bodies (Image 9/56). The bowel loops are normal in caliber without appreciable wall thickening. No abdominal or pelvic lymphadenopathy. No free intraperitoneal fluid / air. Abdominal aorta is not dilated. No fracture or destructive osseous lesion. CONCLUSION No evidence of metastasis in the chest, abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 753d89d40a174306b681931f9962824669a26d0d640f55f6e744781de062fb35

Updated Date Time: 19/5/2020 12:29

## Layman Explanation

This radiology report discusses HISTORY Ca breast, dermatomyositis flare, to make sure not Ca recrurrence TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT done on February 2, 2015 was reviewed. CHESTAtelectasis in the middle lobe. No suspicious pulmonary nodule or mass. No pleural effusion, thickening, or pneumothorax. Mediastinal vessels are unremarkable. No enlarged thoracic lymph node. No supraclavicular lymphadenopathy. Cardiac size appears normal. No pericardial effusion. Scarring with calcification is noted in the left breast, better assessed on the previous mammogram (series 5, image 57). No enlarged axillary lymph node. Tiny subcentimetre hypodensities are noted in the right lobe of the thyroid. ABDOMEN AND PELVIS Fatty liver with areas of fat sparring in the periportal region. No suspicious focal lesion. The spleen, pancreas, both adrenal glands show no abnormalities. 8 mm cyst in the rightinterpolar region. Few other tiny subcentimetre hypodensities in both kidneys are too small to characterise. No calculus or hydronephrosis. Few small hyperdensities in the gallbladder may represent gallstones. No biliary dilatation. The urinary bladder is normal in appearance. Uterus and both ovaries are unremarkable. No adnexal mass. Few small calcific foci in the right hemipelvis likely represents peritoneal loose bodies (Image 9/56). The bowel loops are normal in caliber without appreciable wall thickening. No abdominal or pelvic lymphadenopathy. No free intraperitoneal fluid / air. Abdominal aorta is not dilated. No fracture or destructive osseous lesion. CONCLUSION No evidence of metastasis in the chest, abdomen and pelvis. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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