# Row 3748

Visit Number: 7602a24cee6711346aef6361d66313420fa39fb1d45332d87bb774484910ed2d

Masked\_PatientID: 3748

Order ID: 5601a08696af86035c8d71012a60a92e2498c618f2b7313f252488519993e340

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/6/2016 18:16

Line Num: 1

Text: HISTORY LIF mass ? ovarial ? colonic. for scopes on tuesday 28/6/16. To obtain CT before TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70. FINDINGS There is an 8 cm-long segment of irregular mural thickening in the rectosigmoid junction, suspicious for a primary colonic malignancy. No evidence of obstruction or perforation is detected. There is abnormal soft tissue in the sigmoid mesocolon measuring 4.1 x 2.0 cm (series 13 image 32). This may represent local tumour extension or metastatic lymphadenopathy. In the left iliac fossa, there is a 11.5 x 11.0 x 8.8 cm solid-cystic mass (series 8 image 81), probably ovarian in origin.This may represent a metastasis or a separate primary ovarian malignancy. There is a large amount of ascites. There are several peritoneal nodules, the largest measuring 2.7 x 1.8 cm and located in the greater omentum in the right upper quadrant (series 8 image 57). The liver shows five ill-defined hypodense masses, the largest measuring 3.7 x 3.4 cm and located in segment 3 (series 8 image 31). These are highly suspicious for hepatic metastases. Several gallbladder calculi are present. The biliary tree is not dilated. The pancreas, spleen and adrenal glands appear unremarkable. The kidneys contain multiple subcentimetre hypodense lesions, too small to characterise. There is no hydronephrosis. In the thorax, there are several subcentimetre nodules in the right lower lobe, non-specific in appearance. A small right pleural effusion is noted. There are mildly enlarged lymph nodes in the mediastinum and left supraclavicular regions, the largest node measuring 1.8 x 0.8 cm and located in the left supraclavicular region (series 4 image 5). No skeletal metastasis is seen. CONCLUSION There is mural thickening in the recto-sigmoid junction, highly suspicious for a primary colonic malignancy. There is a large mass in the left ovary that may represent a metastasis or a separate primary malignancy. There is evidence of carcinomatosis peritonei. Several hepatic metastases are also identified. May need further action Reported by: <DOCTOR>

Accession Number: 307761c43381282d6c8abdf2ec823886951b68148b870f93956df601ec3f5b61

Updated Date Time: 27/6/2016 15:06

## Layman Explanation

This radiology report discusses HISTORY LIF mass ? ovarial ? colonic. for scopes on tuesday 28/6/16. To obtain CT before TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70. FINDINGS There is an 8 cm-long segment of irregular mural thickening in the rectosigmoid junction, suspicious for a primary colonic malignancy. No evidence of obstruction or perforation is detected. There is abnormal soft tissue in the sigmoid mesocolon measuring 4.1 x 2.0 cm (series 13 image 32). This may represent local tumour extension or metastatic lymphadenopathy. In the left iliac fossa, there is a 11.5 x 11.0 x 8.8 cm solid-cystic mass (series 8 image 81), probably ovarian in origin.This may represent a metastasis or a separate primary ovarian malignancy. There is a large amount of ascites. There are several peritoneal nodules, the largest measuring 2.7 x 1.8 cm and located in the greater omentum in the right upper quadrant (series 8 image 57). The liver shows five ill-defined hypodense masses, the largest measuring 3.7 x 3.4 cm and located in segment 3 (series 8 image 31). These are highly suspicious for hepatic metastases. Several gallbladder calculi are present. The biliary tree is not dilated. The pancreas, spleen and adrenal glands appear unremarkable. The kidneys contain multiple subcentimetre hypodense lesions, too small to characterise. There is no hydronephrosis. In the thorax, there are several subcentimetre nodules in the right lower lobe, non-specific in appearance. A small right pleural effusion is noted. There are mildly enlarged lymph nodes in the mediastinum and left supraclavicular regions, the largest node measuring 1.8 x 0.8 cm and located in the left supraclavicular region (series 4 image 5). No skeletal metastasis is seen. CONCLUSION There is mural thickening in the recto-sigmoid junction, highly suspicious for a primary colonic malignancy. There is a large mass in the left ovary that may represent a metastasis or a separate primary malignancy. There is evidence of carcinomatosis peritonei. Several hepatic metastases are also identified. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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