# Row 4141

Visit Number: 75943cbf6787476cc0b6d3bf765581a0d969d29eb5264fb1dfb4658e2c36090c

Masked\_PatientID: 4141

Order ID: 4fbacc2d4d7bf80424a18d3f36d18ae88793663fb07a516a82d0ae06164a3deb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/3/2015 18:44

Line Num: 1

Text: HISTORY Prev stage 2 bladder TCC - s/p 6# gem/cisplatin, PD on chemo (last PET/CT Feb 2015) p/w Hb drop to 3.9, likely from bladder tumour bleeding - restaging scan, to rule out other bleeding souce TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 75 FINDINGS Comparison was made with the PT CT FDGPET/CTscan of 5.2.2015. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The right lung show no pulmonary nodule, consolidation. In the left upper lobe, a 5 mm irregular nodule noted, image 7-33, suspicious. No other nodule is seen in the left lung. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. A right PCN catheter is present. There is left hydronephrosisand hydroureter. A large irregular mass lesion in the bladder mainly on the left side. The bladder wall is thickened and the definition with the prostate is indistinct. Foley catheter is in place, a few small pockets of air are present within the bladder. A few diverticula are present in the right colon. The rest of the bowel loops are unremarkable. A left lower para-aortic lymph node measuring 1.1x0.9cm and a left external iliac node measuring 1.2 x 1.0 cm, images 8-80 and 116, appears stable. No free intraperitoneal fluid is detected. Degenerative bony changes are present, no focal lesion is seen. CONCLUSION Irregular attenuation mass lesion in the bladder with thickened bladder wall due to the primary tumour. The few small pockets of air within the bladder are likely due to the presence of the Foley catheter. Left hydronephrosis. A small nodule in the left upper lobes suspicious for secondary. A left lower para-aortic and left external iliac lymph node, stable. Diverticular disease of right colon. May need further action Finalised by: <DOCTOR>

Accession Number: badbaad15f9c4be40b21cf1cacf8e96957fee529e76e6180c04ecd44641fe5c0

Updated Date Time: 18/3/2015 9:38

## Layman Explanation

This radiology report discusses HISTORY Prev stage 2 bladder TCC - s/p 6# gem/cisplatin, PD on chemo (last PET/CT Feb 2015) p/w Hb drop to 3.9, likely from bladder tumour bleeding - restaging scan, to rule out other bleeding souce TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Optiray 350 Contrast volume (ml): 75 FINDINGS Comparison was made with the PT CT FDGPET/CTscan of 5.2.2015. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The right lung show no pulmonary nodule, consolidation. In the left upper lobe, a 5 mm irregular nodule noted, image 7-33, suspicious. No other nodule is seen in the left lung. No pleural effusion is present. The liver, gallbladder, spleen, pancreas, adrenal glands appear unremarkable. A right PCN catheter is present. There is left hydronephrosisand hydroureter. A large irregular mass lesion in the bladder mainly on the left side. The bladder wall is thickened and the definition with the prostate is indistinct. Foley catheter is in place, a few small pockets of air are present within the bladder. A few diverticula are present in the right colon. The rest of the bowel loops are unremarkable. A left lower para-aortic lymph node measuring 1.1x0.9cm and a left external iliac node measuring 1.2 x 1.0 cm, images 8-80 and 116, appears stable. No free intraperitoneal fluid is detected. Degenerative bony changes are present, no focal lesion is seen. CONCLUSION Irregular attenuation mass lesion in the bladder with thickened bladder wall due to the primary tumour. The few small pockets of air within the bladder are likely due to the presence of the Foley catheter. Left hydronephrosis. A small nodule in the left upper lobes suspicious for secondary. A left lower para-aortic and left external iliac lymph node, stable. Diverticular disease of right colon. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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