# Row 4176

Visit Number: 975ccea4ed3af02cb85f2621969fc195906d59b2f1b8b667000c64e45d40edc9

Masked\_PatientID: 4176

Order ID: c5150e0d940a6249e8b008fa5b67a9de8083c57bb4172aeddf25076be87b6eef

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/11/2017 13:55

Line Num: 1

Text: HISTORY T4-6 bony mets causing severe spinal stenosis and cord compression. Patient known previous history of lymphoma (NHL class 1a) previously manageed with ChemoRT in 1998 work up of other areas of involvement? TECHNIQUE Contrast enhanced CT images of the abdomen and pelvis are obtained following administration of 75 ml of Omnipaque 350 intravenously. FINDINGS Comparison is made with the previous CT dated 25 March 2002. The previous MRI dated 3 November 2017 is also reviewed. THORAX No suspicious pulmonary nodule or focal consolidation is detected. Mild bibasal dependent atelectasis is present. The central airways are patent. No pleural or pericardial effusion is seen. There is normal opacification of the mediastinal great vessels and cardiac chambers. The heart is normal in size. Irregular soft tissue thickening at / adjacent to the right atrium measuring up to 1.0 cm in thick (5-59) is indeterminate. Other small volume mediastinal lymph nodes are seen, not significantly enlarged by CT size criteria. No enlarged hilar, axillary or supraclavicular lymph node is identified. ABDOMEN AND PELVIS The liver demonstrates normal homogeneous attenuation, with no focal lesion seen. The hepatic and portal veins opacify normally. The gallbladder, pancreas, spleen and both adrenal glands are unremarkable. A few well-defined hypodensities are seen scattered in both kidneys, likely cysts, the largest in the left renal upper pole measuring 0.9 cm. No solid renal mass, obstructing urinary calculus or hydronephrosis is seen. The urinary bladder is catheterised. The prostate is not enlarged. Bowel loops are normal in calibre. No free intraperitoneal gas orfluid is noted. Several enlarged retroperitoneal lymph nodes are seen in the supraceliac, para-aortic, aortocaval and retrocaval stations, the largest in the aortocaval station measuring 2.6 cm in short axis (7-34) and supraceliac station (2.9 cm 7/29). No significantly enlarged pelvic lymph node is seen. BONES Bony marrow infiltration involving T4, T5 and T6 vertebrae is again noted, with paraspinal and epidural soft tissue extension causing spinal cord compression, better appreciated on previous MRI. No pathological fracture is seen. CONCLUSION 1. Enlarged retroperitoneal lymphadenopathy and thoracic spine disease are suspicious for malignancy. Considerations include lymphoma or metastasis. 2. Soft tissue thickening at / adjacent to the right atrium is indeterminate for cardiac or mediastinal location but likely related to underlying malignancy. Suggest 2D echocardiogram. Further action or early intervention required Lai Chooi Yan Anna Lois , Senior Resident , 18147A Finalised by: <DOCTOR>

Accession Number: 726a21bc53308864f018be149397a3df836143a0ad0fb9a7699e407ee7b27399

Updated Date Time: 04/11/2017 18:13

## Layman Explanation

This radiology report discusses HISTORY T4-6 bony mets causing severe spinal stenosis and cord compression. Patient known previous history of lymphoma (NHL class 1a) previously manageed with ChemoRT in 1998 work up of other areas of involvement? TECHNIQUE Contrast enhanced CT images of the abdomen and pelvis are obtained following administration of 75 ml of Omnipaque 350 intravenously. FINDINGS Comparison is made with the previous CT dated 25 March 2002. The previous MRI dated 3 November 2017 is also reviewed. THORAX No suspicious pulmonary nodule or focal consolidation is detected. Mild bibasal dependent atelectasis is present. The central airways are patent. No pleural or pericardial effusion is seen. There is normal opacification of the mediastinal great vessels and cardiac chambers. The heart is normal in size. Irregular soft tissue thickening at / adjacent to the right atrium measuring up to 1.0 cm in thick (5-59) is indeterminate. Other small volume mediastinal lymph nodes are seen, not significantly enlarged by CT size criteria. No enlarged hilar, axillary or supraclavicular lymph node is identified. ABDOMEN AND PELVIS The liver demonstrates normal homogeneous attenuation, with no focal lesion seen. The hepatic and portal veins opacify normally. The gallbladder, pancreas, spleen and both adrenal glands are unremarkable. A few well-defined hypodensities are seen scattered in both kidneys, likely cysts, the largest in the left renal upper pole measuring 0.9 cm. No solid renal mass, obstructing urinary calculus or hydronephrosis is seen. The urinary bladder is catheterised. The prostate is not enlarged. Bowel loops are normal in calibre. No free intraperitoneal gas orfluid is noted. Several enlarged retroperitoneal lymph nodes are seen in the supraceliac, para-aortic, aortocaval and retrocaval stations, the largest in the aortocaval station measuring 2.6 cm in short axis (7-34) and supraceliac station (2.9 cm 7/29). No significantly enlarged pelvic lymph node is seen. BONES Bony marrow infiltration involving T4, T5 and T6 vertebrae is again noted, with paraspinal and epidural soft tissue extension causing spinal cord compression, better appreciated on previous MRI. No pathological fracture is seen. CONCLUSION 1. Enlarged retroperitoneal lymphadenopathy and thoracic spine disease are suspicious for malignancy. Considerations include lymphoma or metastasis. 2. Soft tissue thickening at / adjacent to the right atrium is indeterminate for cardiac or mediastinal location but likely related to underlying malignancy. Suggest 2D echocardiogram. Further action or early intervention required Lai Chooi Yan Anna Lois , Senior Resident , 18147A Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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