# Row 426

Visit Number: b835d77f9256db7605dc09edb460ab2d7f9548a7c61fae3d807508e719981afb

Masked\_PatientID: 426

Order ID: a013ed3f61303611967d61cbafbb3aa466aef5d28a0cc04ef99f5dfd1cbb68e9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 11/5/2017 12:30

Line Num: 1

Text: HISTORY ascending colon adenocarcinoma s/p right hemicolectomy and adjuvant chemo New obstructive jaudice ? disease progression vs other cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The prior CT thorax, abdomen and pelvis of 26/9/2016 (NTFGH) was reviewed. Chest 4mm and 3mm non-specific perifissural nodules in the middle lobe along the minor fissure are stable (se 505/58 and 55). There is interval new scarring of the right lower lobe with traction bronchiectasis. No suspicious pulmonary lesion or pleural effusion is detected. There are no enlarged supraclavicular, mediastinal, hilar or axillary lymph nodes. The trachea and major airways are patent. The mediastinal vessels show normal opacification. The heart is not enlarged. There is no pericardial effusion. The thyroid is unremarkable. Abdomen and Pelvis The liver shows no suspicious enhancing lesion. Thehepatic, portal and splenic veins are patent. The biliary tree is normal in calibre with no dilatation of the intrahepatic ducts. The gallbladder is contracted but shows no gross abnormality. The pancreas, spleen and adrenal glands are unremarkable. Both kidneys enhance symmetrically. There is no renal mass or hydronephrosis. There is moderate ascites but no rim-enhancing collection. No significantly enlarged abdominal/pelvic lymph node or peritoneal abnormality is detected. The urinary bladder is collapsed and cannot be assessed. The prostate is mildly enlarged. Post-right hemicolectomy for ascending colon carcinoma. No bowel wall thickening / mass noted at the anastomosis. The bowel loops are normal in calibre. A 1.3 cm lucent lesion again seen in the L4 vertebral body is unchanged from before and probably represents a haemangioma. There is no destructive bony lesion. CONCLUSION 1. Post-right hemicolectomy for ascending colon carcinoma. No evidence of local tumour recurrence or distant metastasis. 2. No evidence of biliary obstruction. 3. Moderate ascites. May need further action Reported by: <DOCTOR>

Accession Number: 5b84edfd028146fb2ee627a3e5d630c88719c64b24059413a7cda91665cf5cdc

Updated Date Time: 11/5/2017 17:04

## Layman Explanation

This radiology report discusses HISTORY ascending colon adenocarcinoma s/p right hemicolectomy and adjuvant chemo New obstructive jaudice ? disease progression vs other cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The prior CT thorax, abdomen and pelvis of 26/9/2016 (NTFGH) was reviewed. Chest 4mm and 3mm non-specific perifissural nodules in the middle lobe along the minor fissure are stable (se 505/58 and 55). There is interval new scarring of the right lower lobe with traction bronchiectasis. No suspicious pulmonary lesion or pleural effusion is detected. There are no enlarged supraclavicular, mediastinal, hilar or axillary lymph nodes. The trachea and major airways are patent. The mediastinal vessels show normal opacification. The heart is not enlarged. There is no pericardial effusion. The thyroid is unremarkable. Abdomen and Pelvis The liver shows no suspicious enhancing lesion. Thehepatic, portal and splenic veins are patent. The biliary tree is normal in calibre with no dilatation of the intrahepatic ducts. The gallbladder is contracted but shows no gross abnormality. The pancreas, spleen and adrenal glands are unremarkable. Both kidneys enhance symmetrically. There is no renal mass or hydronephrosis. There is moderate ascites but no rim-enhancing collection. No significantly enlarged abdominal/pelvic lymph node or peritoneal abnormality is detected. The urinary bladder is collapsed and cannot be assessed. The prostate is mildly enlarged. Post-right hemicolectomy for ascending colon carcinoma. No bowel wall thickening / mass noted at the anastomosis. The bowel loops are normal in calibre. A 1.3 cm lucent lesion again seen in the L4 vertebral body is unchanged from before and probably represents a haemangioma. There is no destructive bony lesion. CONCLUSION 1. Post-right hemicolectomy for ascending colon carcinoma. No evidence of local tumour recurrence or distant metastasis. 2. No evidence of biliary obstruction. 3. Moderate ascites. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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