# Row 5030

Visit Number: d3dca999f0fcf60a920308819c383d1a06897630390c5b24ab988657804b2657

Masked\_PatientID: 5030

Order ID: 78b3d5ec1b209dc2f72b34125f8672fd2e872f59e13c9a60e111c1f745198726

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/2/2017 9:49

Line Num: 1

Text: HISTORY elderly male with anemia and hypoalbuminemia ?intraabdominal malignancy TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS In the pelvis, there is a 4.5 x 3.5 cm endoluminal mass in the upper and middle thirds of the rectum (series 8 image 114). This is highly suspicious for a primary rectal malignancy. The rest of the bowel appears unremarkable. There are several (> 4) enlarged lymph nodes in the mesorectum and sigmoid mesocolon, the largest node measuring 2.1 x 1.4 cm (series 8 image 96) and located in the sigmoid mesocolon. These are suspicious for metastatic lymph nodes. The liver shows multiple small irregular nodules that are suspicious for metastases. The largest measures 2.1 x 2.0 cm and is located in segment 4 (series 8 image 35). The liver also shows several small well-defined non-enhancing hypodense lesions that are consistent with cysts. The largest cyst measures 2.6 x 1.6 cm and is located in the dome of segment 2. The biliary tree is not dilated. The gallbladder is mildly distended. The spleen and adrenal glands are unremarkable. The pancreas contains several small cystic lesions, the largest measuring 1.2 x 0.6 cm and located in the pancreatic body (series 8 image 38). The right kidney is unremarkable. The left kidney shows a subcentimetre hypodense lesion in its interpolar region, too small to be characterised. There is no hydronephrosis. No enlarged lymph node is seen in the retroperitoneum. A small amount of ascites is seen in the pelvis. No peritoneal nodule is seen to suggest a peritoneal metastasis. In the pelvis, the urinary bladder appears normal. The prostate gland is mildly enlarged. In the thorax, no pulmonary mass or nodule is detected to suggest a metastasis. There is mild-to-moderate centrilobular emphysema in the lungs, worse in the upper lobes. No enlarged lymph node is seen in the mediastinum and pulmonary hila. No supraclavicular lymphadenopathy is identified. There is no pleural or pericardial effusion. No skeletal metastasis is detected. Degenerative changes are seen in the spine. There is lumbar scoliosis, convex to the right. CONCLUSION There is a mass in the rectum that is highly suspicious for a primary rectal malignancy; suggest histological correlation. There are enlarged lymph nodes in the mesorectum and sigmoid mesocolon, suspicious for metastatic lymphadenopathy. There are multiple lesions in the liver, suspicious for hepatic metastases. May need further action Finalised by: <DOCTOR>

Accession Number: e84b2549912b3e1ceca7ffccb63c9c151049cfa2c3a47ff442e511515bc94edd

Updated Date Time: 27/2/2017 9:18

## Layman Explanation

This radiology report discusses HISTORY elderly male with anemia and hypoalbuminemia ?intraabdominal malignancy TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS In the pelvis, there is a 4.5 x 3.5 cm endoluminal mass in the upper and middle thirds of the rectum (series 8 image 114). This is highly suspicious for a primary rectal malignancy. The rest of the bowel appears unremarkable. There are several (> 4) enlarged lymph nodes in the mesorectum and sigmoid mesocolon, the largest node measuring 2.1 x 1.4 cm (series 8 image 96) and located in the sigmoid mesocolon. These are suspicious for metastatic lymph nodes. The liver shows multiple small irregular nodules that are suspicious for metastases. The largest measures 2.1 x 2.0 cm and is located in segment 4 (series 8 image 35). The liver also shows several small well-defined non-enhancing hypodense lesions that are consistent with cysts. The largest cyst measures 2.6 x 1.6 cm and is located in the dome of segment 2. The biliary tree is not dilated. The gallbladder is mildly distended. The spleen and adrenal glands are unremarkable. The pancreas contains several small cystic lesions, the largest measuring 1.2 x 0.6 cm and located in the pancreatic body (series 8 image 38). The right kidney is unremarkable. The left kidney shows a subcentimetre hypodense lesion in its interpolar region, too small to be characterised. There is no hydronephrosis. No enlarged lymph node is seen in the retroperitoneum. A small amount of ascites is seen in the pelvis. No peritoneal nodule is seen to suggest a peritoneal metastasis. In the pelvis, the urinary bladder appears normal. The prostate gland is mildly enlarged. In the thorax, no pulmonary mass or nodule is detected to suggest a metastasis. There is mild-to-moderate centrilobular emphysema in the lungs, worse in the upper lobes. No enlarged lymph node is seen in the mediastinum and pulmonary hila. No supraclavicular lymphadenopathy is identified. There is no pleural or pericardial effusion. No skeletal metastasis is detected. Degenerative changes are seen in the spine. There is lumbar scoliosis, convex to the right. CONCLUSION There is a mass in the rectum that is highly suspicious for a primary rectal malignancy; suggest histological correlation. There are enlarged lymph nodes in the mesorectum and sigmoid mesocolon, suspicious for metastatic lymphadenopathy. There are multiple lesions in the liver, suspicious for hepatic metastases. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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