# Row 76

Visit Number: 661df1b6b7cbfb30066815d33abda5ba2b5b7a52d74f896d776ecdf39e95f932

Masked\_PatientID: 69

Order ID: 066366279766dd27f3525a57658d003007e4f3c7b822a36168c863d2fca36e34

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/8/2016 12:01

Line Num: 1

Text: HISTORY Mets lung adenosquamous CA for restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is made previous CT of July 2016. Previously noted enlarged right supraclavicular and mediastinal lymph nodes are smaller and not grossly enlarged. Collapse-consolidation in the apical right lung lower lobe, presumably the site of a primary lung cancer, is largely stable other than further segmental volume loss. Small bilateral pleural effusions are noted, stable on the right and increased on the left with some dependent bilateral lower lobe atelectasis. The heart is enlarged. Fairly extensive skin and subcutaneous thickening / stranding is seen inthe chest and abdominal wall. The gallbladder oedema is reduced. There are stones in the contracted gallbladder. A couple of tiny stones are noted in the distal common duct, not present previously. Nonetheless, the biliary tracts are not grossly dilated. The spleen, pancreas, adrenals are unremarkable. Minor scarring in both kidneys. No hydronephrosis. Small amounts of pelvic ascites. The bladder is partly decompressed with a Foley catheter within. No enlarged pelvicor para-aortic lymph nodes are detected. There are prominent left inguinal lymph nodes which are nonspecific probably reactive. The bowel is not significantly dilated. The bone settings show no destructive lesion. CONCLUSION The right supraclavicular and mediastinal adenopathy have reduced substantially. Primary cancer site at the right lung lower lobe appears stable other than further segmental volume loss. New small stones in the distal CBD without gross upstream biliary dilatation. Known / Minor Finalised by: <DOCTOR>

Accession Number: 803bb2ebd84194bd7386311fa4f154e7a086cc0ca73c098d278e9866a83bfb27

Updated Date Time: 25/8/2016 13:09

## Layman Explanation

This radiology report discusses HISTORY Mets lung adenosquamous CA for restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is made previous CT of July 2016. Previously noted enlarged right supraclavicular and mediastinal lymph nodes are smaller and not grossly enlarged. Collapse-consolidation in the apical right lung lower lobe, presumably the site of a primary lung cancer, is largely stable other than further segmental volume loss. Small bilateral pleural effusions are noted, stable on the right and increased on the left with some dependent bilateral lower lobe atelectasis. The heart is enlarged. Fairly extensive skin and subcutaneous thickening / stranding is seen inthe chest and abdominal wall. The gallbladder oedema is reduced. There are stones in the contracted gallbladder. A couple of tiny stones are noted in the distal common duct, not present previously. Nonetheless, the biliary tracts are not grossly dilated. The spleen, pancreas, adrenals are unremarkable. Minor scarring in both kidneys. No hydronephrosis. Small amounts of pelvic ascites. The bladder is partly decompressed with a Foley catheter within. No enlarged pelvicor para-aortic lymph nodes are detected. There are prominent left inguinal lymph nodes which are nonspecific probably reactive. The bowel is not significantly dilated. The bone settings show no destructive lesion. CONCLUSION The right supraclavicular and mediastinal adenopathy have reduced substantially. Primary cancer site at the right lung lower lobe appears stable other than further segmental volume loss. New small stones in the distal CBD without gross upstream biliary dilatation. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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