# Patient ID: 1541, Performed Date: 07/2/2018 10:09

## Raw Radiology Report Extracted

Visit Number: d798ea1c07c0ab68b151e2282f19224e13ee27a2c786ff4035b67ff22b0edc04

Masked\_PatientID: 1541

Order ID: f04c05b463f359a55fecf39bf8aecd75fd8fcaaf54a308dfb9bede9bf9cfa626

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/2/2018 10:09

Line Num: 1

Text: HISTORY Dukes B rectal cancer sp APR; surveillance of lung nodule; ? parastomal hernia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with previous CT examination dated 01/08/2017. Status post abdomino-perineal resection noted. Mild soft tissue thickening is again seen in the perineum and presacral region although slightly smaller than previously, likely attributed to postsurgical changes. Left-sided end colostomy is noted. There is a small stable parastomal fat containing hernia (image 6-52). The remnant colon shows no gross abnormality. The small bowel loops are normal in calibre. No enlarged abdominal or pelvic node is detected. No peritoneal thickening or free fluid is seen. Multiple well-defined hypodense lesions are again seen in the left lobe of liver; these are largely stable probably representing cysts. No new focal suspicious hepatic lesion is identified. The extrahepatic biliary ducts are mildly prominent as before with the CBD measuring up to 9 mm in diameter. The gallbladder, adrenal glands, pancreas and spleen are unremarkable. Stable hypodense lesions are again identified in both kidneys, likely representing cysts. Mild scarring in the left kidney noted. The urinary bladder is not adequately distended for further evaluation. The prostate is not enlarged. The 3 mm nodule in the right lung apex is largely stable (image 4-12). Atelectatic changes are noted in the inferior lingula and right lower lobe. The left lower lobar and segmental bronchi are occluded possibly due to mucus secretion with distal atelectatic changes. The heart is enlarged.Midline sternotomy and previous aortic valve replacement noted. Borderline enlarged subcarinal node measuring 1.1 cm in short axis is unchanged. A small incisional fat containing hernia is noted at the midline of the lower anterior abdominal wall (image 6-92). No focal destructive bony lesion detected. CONCLUSION Status post abdomino-perineal resection with no overt evidence to suggest local recurrence or metastasis. Left-sided colostomy with a small fat containing parastomal hernia. Smaller fat containing incisional hernia is also noted in the lower anterior abdominal wall. Tiny 3 mm lung nodule in the right apex is stable. Borderline enlarged subcarinal node is also stable. Occlusion of the left lower lobe segmental bronchi is possibly due to mucus secretions with distal atelectasis; suggest further correlation. Known / Minor Finalised by: <DOCTOR>

Accession Number: c48c55166fd77af1ebf36ac9a734dfb732814c9e5f8e54ecbf63fa5708cd8b92

Updated Date Time: 15/2/2018 16:06

## Layman Explanation

The scan shows that you have had surgery to remove part of your colon and rectum. The area where the surgery was done is healing well and there is no sign of the cancer coming back. You have a small hernia near your colostomy, which is a hole in your stomach where waste comes out. You also have a small hernia in your lower belly. A small nodule in your right lung is unchanged. There is a slightly enlarged lymph node in your chest, but it is also unchanged. The scan also shows some mucus in your left lung, which may be causing some blockages. The doctor recommends further evaluation.

## Summary

The text was extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Dukes B rectal cancer\*\*: This is mentioned in the history section as a previous diagnosis.   
\* \*\*Parastomal hernia\*\*: This is a condition where a portion of the intestine protrudes through a weakened area near a colostomy opening. The report notes a small, stable parastomal hernia containing fat.   
\* \*\*Incisional hernia\*\*: This is a condition where a portion of the intestine protrudes through a weakened area in the abdominal wall near a surgical incision. The report notes a smaller, fat-containing incisional hernia in the lower anterior abdominal wall.   
\* \*\*Atelectasis\*\*: This refers to a collapsed lung or part of a lung. The report mentions atelectatic changes in the inferior lingula and right lower lobe, as well as distal atelectasis in the left lower lobe due to bronchial occlusion.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lung\*\*: A small, stable 3mm nodule is noted in the right lung apex. Atelectatic changes are present in the inferior lingula and right lower lobe. Occlusion of the left lower lobe and segmental bronchi is noted, possibly due to mucus secretions.  
\* \*\*Liver\*\*: Multiple well-defined hypodense lesions are present, likely representing cysts. No new focal suspicious lesions are identified.  
\* \*\*Gallbladder\*\*: Unremarkable.  
\* \*\*Adrenal glands\*\*: Unremarkable.  
\* \*\*Pancreas\*\*: Unremarkable.  
\* \*\*Spleen\*\*: Unremarkable.  
\* \*\*Kidneys\*\*: Stable hypodense lesions, likely representing cysts, are present in both kidneys. Mild scarring is noted in the left kidney.  
\* \*\*Urinary bladder\*\*: Not adequately distended for evaluation.  
\* \*\*Prostate\*\*: Not enlarged.  
\* \*\*Heart\*\*: Enlarged. Midline sternotomy and previous aortic valve replacement are noted.  
\* \*\*Abdominal wall\*\*: A small, fat-containing incisional hernia is noted in the lower anterior abdominal wall.   
\* \*\*Perineum\*\*: Mild soft tissue thickening is present, likely attributed to post-surgical changes.   
\* \*\*Presacral region\*\*: Mild soft tissue thickening is present, likely attributed to post-surgical changes.  
\* \*\*Colon\*\*: Remnant colon shows no gross abnormality.  
\* \*\*Small bowel\*\*: Loops are normal in caliber.  
\* \*\*Lymph nodes\*\*: No enlarged abdominal or pelvic nodes are detected.  
\* \*\*Biliary ducts\*\*: Mildly prominent, with the common bile duct measuring up to 9mm in diameter.   
  
\*\*3. Symptoms or phenomenon that would cause attention\*\*:  
  
\* \*\*Occlusion of the left lower lobe segmental bronchi\*\*: This is a potential concern as it could lead to further complications if not addressed. The report suggests further correlation with other findings.  
\* \*\*Borderline enlarged subcarinal node\*\*: This is noted as being stable but requires monitoring as it could be an indicator of disease progression.   
\* \*\*Enlarged heart\*\*: This could indicate underlying cardiac conditions.  
\* \*\*Atelectatic changes\*\*: These changes, especially the occlusion of the left lower lobe segmental bronchi, warrant further investigation and potential intervention.