# Patient ID: 2235, Performed Date: 04/12/2020 14:05

## Raw Radiology Report Extracted

Visit Number: 955a880dc418bbc37eaa7e92c86672456b2eb7096f05f6d9a80762ad2864d4df

Masked\_PatientID: 2235

Order ID: 30e57c0b8e6aa37413d74ed73eb103f31cb2cba66332636c81801f5e4e92b2aa

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/12/2020 14:05

Line Num: 1

Text: HISTORY Leukoerythroblastic picture on PBF, TRO infiltration from malignancy; Breast CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made to the prior PET CT study dated 30 January 2019. THORAX Prior right mastectomy. No features to suggest local recurrence. No significantly enlarged axillary or supraclavicular lymph nodes are detected. Small volume mediastinal lymph nodes are nonspecific. The mediastinal vessels opacify normally. The pacemaker device is seen with lead tips in the right atrium and right ventricle. The heart is enlarged. There is no pericardial or pleural effusion. There are a few tiny 2-3 mm scattered pulmonarynodules in both lungs for example in the left lower lobe (04- 69, 71). These are nonspecific. Mild scattered areas of subsegmental atelectatic changes are also present. There are hypodense nodules in the thyroid gland. ABDOMEN AND PELVIS A tiny hepatic hypodensity at the dome is too small to characterise. No biliary dilatation or radiodense gallstone is seen. The previously noted splenic hypodensity has almost resolved, mild residual tiny hypodensity at the lower pole is possibly postinflammatory in nature (09 - 49). The pancreas and the adrenal glands are unremarkable. Bilateral renal cysts are present. Further tiny renal hypodensities are too small to characterise. The small and large bowel loops are of normal calibre. The urinary bladder shows no suspicious features. Fibroid uterus. The ovaries are atrophied. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites. No destructive bony process. CONCLUSION No evidence of local recurrence. A few tiny scattered pulmonary nodules are nonspecific. Attention on follow-up is suggested. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 77879335b563cdd057b8c687842d97ddbd999dd8cad9cf04f5d72077fc1e5255

Updated Date Time: 04/12/2020 15:02

## Layman Explanation

This scan compares to a previous scan from January 30th, 2019. The area where the right breast was removed shows no signs of cancer returning. There are no enlarged lymph nodes in the armpit or collarbone area. The heart is slightly larger than normal. There are a few tiny, non-cancerous nodules in both lungs. Some small areas of collapsed lung tissue are also seen. There are a few small areas of decreased density in the thyroid gland. The liver, spleen, pancreas, and adrenal glands are normal, except for a very small area of decreased density in the liver which is too small to explain. There are a few small cysts in both kidneys. The bladder, uterus, and ovaries appear normal. There are no signs of cancer spread in the abdomen or pelvis. The scan did not find any signs of cancer returning. However, there are a few tiny nodules in the lungs that need to be watched.

## Summary

The text is extracted from a \*\*PET CT\*\* report.  
  
\*\*1. Diseases mentioned in the report:\*\*  
  
\* \*\*Breast CA (Breast Cancer):\*\* The report mentions a prior right mastectomy, suggesting a history of breast cancer. The patient is being monitored for local recurrence.  
\* \*\*TRO infiltration from malignancy:\*\* This indicates that the patient has a malignancy that has infiltrated the bone marrow, resulting in a leukoerythroblastic picture on the peripheral blood film.  
\* \*\*Postinflammatory changes in the spleen:\*\* Mild residual tiny hypodensity at the lower pole of the spleen is possibly postinflammatory in nature.  
\* \*\*Bilateral renal cysts:\*\* Bilateral renal cysts are present.   
  
\*\*2. Organs mentioned in the report:\*\*  
  
\* \*\*Thorax:\*\*   
 \* Prior right mastectomy.  
 \* No evidence of local recurrence.  
 \* No significantly enlarged axillary or supraclavicular lymph nodes.  
 \* Small volume mediastinal lymph nodes are nonspecific.  
 \* Mediastinal vessels opacify normally.  
 \* Pacemaker device is seen with lead tips in the right atrium and right ventricle.  
 \* Heart is enlarged.  
 \* No pericardial or pleural effusion.  
 \* Few tiny 2-3 mm scattered pulmonary nodules in both lungs.  
 \* Mild scattered areas of subsegmental atelectatic changes are present.  
\* \*\*Abdomen and Pelvis:\*\*  
 \* Tiny hepatic hypodensity at the dome is too small to characterize.  
 \* No biliary dilatation or radiodense gallstone.  
 \* Previously noted splenic hypodensity has almost resolved, mild residual tiny hypodensity at the lower pole.  
 \* Pancreas and adrenal glands are unremarkable.  
 \* Bilateral renal cysts are present.  
 \* Further tiny renal hypodensities are too small to characterize.  
 \* Small and large bowel loops of normal caliber.  
 \* Urinary bladder shows no suspicious features.  
 \* Fibroid uterus.  
 \* Ovaries are atrophied.  
 \* No significantly enlarged intra-abdominal or pelvic lymph node.  
 \* No ascites.  
 \* No destructive bony process.  
\* \*\*Thyroid:\*\* Hypodense nodules in the thyroid gland.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*A few tiny scattered pulmonary nodules are nonspecific:\*\* The report suggests that these nodules need to be followed up on.   
\* \*\*Attention on follow-up is suggested:\*\* The report indicates that further follow-up is needed due to the nonspecific pulmonary nodules.