# Patient ID: 2352, Performed Date: 27/6/2019 13:55

## Raw Radiology Report Extracted

Visit Number: 4b3512a34c9ba507ed9654547bbe742ecf61262d98721a7de115dd578ce1c090

Masked\_PatientID: 2352

Order ID: 61aa38d7d5b465ff93fccbf2998b65d19cf4e2f0a07819e0356b06418ba1b483

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 27/6/2019 13:55

Line Num: 1

Text: HISTORY restaging scan for high grade bladder ca TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis. No intravenous contrast medium administered. Positive Oral Contrast given. FINDINGS Comparison made with the CT thorax of 9 April 2019 and CT urogram of 8 April 2019 (both from Sengkang General Hospital). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is coronary artery atherosclerosis with mild cardiomegaly. No pericardial effusion is seen. There is a stable 3 mm nodule in the left lower lobe lateral basal segment (203-63). No pulmonary mass or consolidation is seen. No pleural effusion is detected. No gross contour deforming hepatic mass is identified. There is uncomplicated cholelithiasis. The spleen, pancreas and adrenal glands appear unremarkable. Bowel calibre and distribution are within normal limits. There is stable bilateral moderate hydroureteronephrosis secondary to irregular urinary bladder wall thickening mainly affecting the lateral and posterior walls. There is increased tumour extension into the perivesical fat, especially on the left (202-170 vs prior 2-85). Perivesical fat stranding has also increased. The prostate gland is normal in size. The previously noted left external iliac lymph node is larger, now 1.5 cm in short axis compared to 1.0 cm previously (202-161 vs prior 2-78). No significantly enlarged para-aortic lymph node is detected. No ascites or loculated intra-abdominal collection is detected. There is a new lytic lesion in the right pubic bone (202-187). A few other scattered new sclerotic foci are seen in the spine and left iliac bone. CONCLUSION Since April 2019: 1. Irregular urinary bladder wall thickening with increased perivesical tumour extension on the left. 2. Interval enlargement of the left external iliac lymph node, likely from tumour spread. 3. New lytic and sclerotic bone lesions, suspiciousfor metastases. 4. Stable non-specific left lower lobe lung nodule. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 56ffa1494f7a561addc820e1a5b1600e166c11b8c7b29592af077a507287a16a

Updated Date Time: 27/6/2019 14:46

## Layman Explanation

This scan shows that the thickening in the bladder wall has increased, and the tumor has spread more into the surrounding area on the left side. There is also a larger lymph node in the left groin area, which is likely due to the tumor spreading. Additionally, new bone lesions were found, which are suspicious for cancer spreading to the bones. A small, unchanged nodule was also seen in the left lung.

## Summary

The text is extracted from a \*\*Computed Tomography (CT)\*\* scan report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*High-grade bladder cancer (ca):\*\* This is the primary reason for the scan, as it is a restaging scan.  
\* \*\*Coronary artery atherosclerosis:\*\* This is mentioned as an incidental finding.  
\* \*\*Cholelithiasis (gallstones):\*\* This is also an incidental finding.  
\* \*\*Metastases:\*\* This is a suspicion based on the new bone lesions.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Thorax:\*\* No significant findings except for a stable nodule in the left lower lobe.  
\* \*\*Mediastinum:\*\* No enlarged lymph nodes.  
\* \*\*Hilar region:\*\* No enlarged lymph nodes.  
\* \*\*Axilla:\*\* No enlarged lymph nodes.  
\* \*\*Supraclavicular region:\*\* No enlarged lymph nodes.  
\* \*\*Lungs:\*\* Stable 3 mm nodule in the left lower lobe. No pulmonary mass or consolidation. No pleural effusion.  
\* \*\*Heart:\*\* Coronary artery atherosclerosis with mild cardiomegaly. No pericardial effusion.  
\* \*\*Liver:\*\* No gross contour deforming mass.  
\* \*\*Gallbladder:\*\* Uncomplicated cholelithiasis.  
\* \*\*Spleen:\*\* Appears unremarkable.  
\* \*\*Pancreas:\*\* Appears unremarkable.  
\* \*\*Adrenal glands:\*\* Appear unremarkable.  
\* \*\*Bowel:\*\* Calibre and distribution are within normal limits.  
\* \*\*Urinary bladder:\*\* Irregular wall thickening mainly affecting the lateral and posterior walls, with increased tumor extension into the perivesical fat, especially on the left.  
\* \*\*Kidneys:\*\* Stable bilateral moderate hydroureteronephrosis secondary to bladder wall thickening.  
\* \*\*Prostate gland:\*\* Normal in size.  
\* \*\*Lymph nodes:\*\* Left external iliac lymph node is larger (1.5 cm vs 1.0 cm previously). No significantly enlarged para-aortic lymph nodes.  
\* \*\*Abdomen:\*\* No ascites or loculated intra-abdominal collection.  
\* \*\*Bones:\*\* New lytic lesion in the right pubic bone. Scattered new sclerotic foci in the spine and left iliac bone.  
  
\*\*3. Symptoms or phenomenon causing attention:\*\*  
  
\* \*\*Increased tumor extension into the perivesical fat on the left:\*\* This suggests potential spread of the bladder cancer.  
\* \*\*Enlargement of the left external iliac lymph node:\*\* This also suggests potential spread of the bladder cancer.  
\* \*\*New lytic and sclerotic bone lesions:\*\* These are suspicious for metastases from the bladder cancer.