# Patient ID: 456, Performed Date: 15/11/2016 11:56

## Raw Radiology Report Extracted

Visit Number: 53a498ddb6849e1719667b7964c17c858d59cb5c3a9951ceb100aff5416630a0

Masked\_PatientID: 456

Order ID: 72ab3dad684e0ea5939e6ee1b6474ed46c503d7a1c6475c6412ffb695cfe3448

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/11/2016 11:56

Line Num: 1

Text: HISTORY stage 3a sigmoid ca declined chemo initially; worsening SOB sec to left pleural eff TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast - Volume (ml): FINDINGS Comparisonmade with CT of 3/6/2016. ABDOMEN AND PELVIS Status post high anterior resection. No masses seen at the anastomosis to suggest local recurrence. There is again note of the small bowel loops mostly on the right. The rest of the bowel is unremarkable with no focal mass or abnormal thickening. A small amount of free fluid is noted in the left iliac fossa. No gross ascites is detected. There is no peritoneal thickening or omental caking. No enlarged nodes noted in the abdomen and pelvis. Tiny cortical hyperdensities measuring 4-6mm at both upper kidneys probably represent tiny haemorrhagic cysts. The pancreas is atrophic. No contour deforming mass is seen in the unenhanced liver, spleen, gallbladder, adrenals, urinary bladder and seminal vesicles. The prostate is not overtly enlarged. A 22 mm lipoma is again noted in the posterior aspect of the right adductor muscles, with a 3mm hyperdense focus anteriorly. This is unchanged since CT of Feb 2014. THORAX AND BONES There is interval large left pleural effusion, causing rightward shift of the mediastinum and collapse of most of the left lung. A small amount of left apical pneumothorax is also present with a chest tube in situ. Within the left pleural effusion, there is numerous fluid levels indicative of numerous loculations/septations within. There are also several foci of hyperdense (25-40HU) fluid layering likely due to hemorrhagic products. There is no overt pleural thickening seen. No definite irregular pleural mass is appreciated within limits of a plain scan. Pleural calcifications with no associated mass are again seen in the anterior and posterior aspect of the right hemithorax. Bilateral apical scarring is againnoted, with a few foci of calcification at the posterior right lung apex. Both lungs show emphysematous changes, although only a small amount of aerated left lung is present. No lung mass or suspicious nodule is seen. A small oval-shaped low density opacity along the right oblique fissure (5-50) may be a small focus of loculated effusion. A small simple right pleural effusion is also present. There is mild stranding in the left anterior mediastinal fat, which is likely reactive. Small volume left supraclavicular and left prevascular nodes are also noted. Heart size is enlarged. Tip of the AICD remains in the right ventricle. No pericardial effusion is evident. Interval compression fracture of the upper L1 endplate isnoted with mild retropulsion of 3-4mm. No destructive bony lesion is seen. CONCLUSION Since last CT of Jun 2016, 1. Status post high anterior resection. No convincing local recurrence or distant metastases appreciated in the abdomen and pelvis. 2. Large loculated left pleural effusion associated with mass effect as described. Chest tube in situ. Numerous hyperdense fluid layering should be correlated to the drain output for blood products. 3. There is no lung mass seen.No convincing pleural mass is identified within limits of plain scan but correlation with pleural fluid analysis/cytology may be relevant in view of past history of malignancy. 4. New L1 compression fracture. 5. Other minor findings as described. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: e21c320dbde636c33ef089524bc2d4e4d12d1da9f960b83cfda5df61a4f11522

Updated Date Time: 15/11/2016 12:53

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.