# Patient ID: 4614, Performed Date: 02/6/2015 12:07

## Raw Radiology Report Extracted

Visit Number: 7187c977654f5730be2cac00da70ca5da6230b85bdabfb8d4d9a4d6b933aa224

Masked\_PatientID: 4614

Order ID: 10a0c20ac2c387888c10d5b1636ddd4815b7093d9402a420936b54b961a02c1e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/6/2015 12:07

Line Num: 1

Text: HISTORY Advanced stomach cancer To restage after chemotherapy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison previous study from NCC dated 20 March 2015. There is no enlarged axillary, mediastinal or hilar lymph node. There is no pleural or pericardial effusion. Stable patchy scarring noted in both lungs. There is also segmental bronchiectasis in the inferior lingular segment. No suspicious nodule in both lungs. Subcentimetre hypodensity in the liver are stable and too small to accurately characterise. NO rim enhancing suspicious hepatic mass. There is no gallstone or biliary dilatation. The spleen, pancreas and adrenal glands are unremarkable. There is no hydronephrosis. There is a focus of parenchymal hypo enhancement at the upper pole of the left kidney (image 8069 04-1942), probably a focal area of inflammation. Small hypodense lesions in the kidneys are stable and are too small to accurately characterise. There is mural thickening at the gastric antrum, representing the site of the primary gastric tumour. Stable small volume gastrohepatic ligament nodules due to adenopathy. The perigastric lymph node inferior to the gastric antrum is slightly smaller, currently measures 7 mm. Nonspecific small lymph nodes in the right iliac fossa. The rest of the bowel loops are of normal calibre.There is no significant ascites. Urinary bladder is collapsed. Degenerative changes are seen in the bones. CONCLUSION Post inflammatory changes in both lungs are stable. There is no new suspicious pulmonary nodule to suggest metastasis. No enlarged mediastinal or hilar lymph node. Mural thickening at the gastric antrum due to the primary gastric tumour is largely stable. The small gastrohepatic ligament lymph nodes are also stable. There is slight decrease in size of the perigastric lymph node inferior to the gastric antrum. No new suspicious focal lesion in the liver to suggest metastasis. Small focal area of decreased parenchyma enhancement at the upper pole of the left kidney is possibly a focal area parenchymal inflammation. Please correlate with urine analysis. May need further action Finalised by: <DOCTOR>

Accession Number: 0ec78e4fb59ac26c54dbf8883c565b089b025ef5537588ba0f3f53c3b7d91b5f

Updated Date Time: 02/6/2015 14:40

## Layman Explanation

The scan results show that the lung scarring and enlarged airways in your lungs have not changed since your last scan. There are no new suspicious growths in your lungs. The lymph nodes in your chest are normal.  
  
The thickening in your stomach, which is the site of the original cancer, is mostly the same. The small growths in the area near the stomach are also unchanged. One of these growths near the stomach is slightly smaller than before.  
  
There are no new suspicious growths in your liver. There is a small area of inflammation in your left kidney. Your doctor may want to check your urine.  
  
The rest of your organs and bones look normal.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Advanced stomach cancer:\*\* The report mentions a "primary gastric tumor" in the gastric antrum, which is the lower part of the stomach.   
\* \*\*Possible focal area of parenchymal inflammation:\*\* This is mentioned in the left kidney, but the report suggests correlating this finding with urine analysis.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Stable patchy scarring and segmental bronchiectasis in both lungs, no suspicious nodule.  
\* \*\*Liver:\*\* Subcentimetre hypodensity (stable and too small to characterise), no rim-enhancing suspicious hepatic mass, no gallstones or biliary dilatation.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Pancreas:\*\* Unremarkable.  
\* \*\*Adrenal glands:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* Focal area of parenchymal hypo enhancement at the upper pole of the left kidney (possibly inflammation), small hypodense lesions (stable and too small to characterise).   
\* \*\*Stomach:\*\* Mural thickening at the gastric antrum (primary gastric tumor).  
\* \*\*Gastrohepatic ligament:\*\* Stable small volume nodules (due to adenopathy).  
\* \*\*Perigastric lymph node:\*\* Slightly smaller, measures 7 mm, inferior to the gastric antrum.  
\* \*\*Lymph nodes:\*\* No enlarged axillary, mediastinal, or hilar lymph nodes. Non-specific small lymph nodes in the right iliac fossa.   
\* \*\*Bowel loops:\*\* Normal caliber.  
\* \*\*Ascites:\*\* No significant ascites.  
\* \*\*Urinary bladder:\*\* Collapsed.  
\* \*\*Bones:\*\* Degenerative changes.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Mural thickening at the gastric antrum:\*\* This is a concerning finding, as it represents the primary gastric tumor.   
\* \*\*Stable small volume gastrohepatic ligament nodules due to adenopathy:\*\* This suggests involvement of lymph nodes in the area.  
\* \*\*Slight decrease in size of the perigastric lymph node inferior to the gastric antrum:\*\* This may indicate response to chemotherapy, but further monitoring is necessary.  
\* \*\*Possible focal area of parenchymal inflammation in the left kidney:\*\* This requires further investigation with urine analysis.