# Patient ID: 1077, Performed Date: 21/8/2020 15:15

## Raw Radiology Report Extracted

Visit Number: c3f444c804789abbe284903fadefcab28d46764a5204292476fa902241d6534f

Masked\_PatientID: 1077

Order ID: 7b4d24c34602139b8d30dd75aab28061804c0ace660cf069da00b9f577954756

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/8/2020 15:15

Line Num: 1

Text: HISTORY SOB - ?PE Abdo pain ?cholecystits TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 95 FINDINGS CT pulmonary angiography dated 23 Oct 2018 was reviewed. Chest: No filling-defect is seen in the pulmonary trunk, pulmonary arteries and the segmental branches. The pulmonary trunk is not dilated. The RV: LV ratio is < 1. The heart is enlarged. No pericardial effusion is seen. No significantly enlarged mediastinal,hilar, axillary or supraclavicular lymph node is detected. Patchy ground glass opacities are again seen in both lungs, largely unchanged since the CT of 23 October 2018, possibly representing mosaic attenuation from air trapping. No pulmonary mass or consolidation. The central airways are patent. No pleural effusion is present. A few well defined nodules are noted in the left breast; these demonstrate a benign appearance. Abdomen and pelvis: Scattered colonic diverticula are seen. A short segment (5cm) of circumferential mural thickening is noted at the splenic flexure (series 6, image 59) with surrounding fat stranding, suggestive of extraserosal extension (series 7, image 90). The rest of the bowel loops are normal in calibre. The appendix is normal. No intra-abdominal collection. There is a wide neck hernia in the lower anterior abdomen, containing small/large bowels and omental fat, with no evidence of obstruction. There is marked subcutaneous fat stranding surrounding the hernia sac. The overlying skin is also thickened. The liver is fatty. No suspicious hepatic lesion is noted. The hepatic and portal veins are patent. The gallbladder is unremarkable with no radiodense gallstone, gallbladder wall thickening or pericholecystic fat stranding. The biliary tree is not dilated. The pancreas, spleen and adrenals are unremarkable. Both kidneys enhance symmetrically. Nonobstructing calculi are seen in both kidneys. No hydronephrosis. A 1.4 cm hypodensity of increased attenuated is noted in the left kidney, which may represent a hyperdense cyst. The urinary bladder shows a smooth outline. The uterus is enlarged, with several nodules; some calcified, likely related to fibroids. There is no suspicious adnexal mass. No ascites or pneumoperitoneum. Prominent retroperitoneal nodes are indeterminate, for example, the para-aortic node measures (1.0 cm) (series 6, image 62). No other significantly enlarged abdominal orpelvic lymph node is noted. The aorta is of normal calibre with atherosclerotic calcifications. No bony destructive lesion is noted. CONCLUSION 1. No CT evidence of acute pulmonary embolism. 2. No evidence of acute cholecystitis. 3. Short segment circumferential mural thickening at the splenic flexure raises suspicion for primary colonic malignancy. Surrounding fat stranding suggests extra serosal extension. Acute diverticulitis is a less likely differential in view of presence of colonic diverticula. No perforation or rim-enhancing intraabdominal collection. 5. Left breast nodules demonstrate a benign appearance. Further evaluation with dedicated breast imaging may be considered if clinically warranted. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: f71fcb0ede88e15c958868f657e2cc38f4ad5e1153273d3f8c710490a6e60241

Updated Date Time: 21/8/2020 18:00

## Layman Explanation

The scan results show no evidence of blood clots in your lungs. There is also no sign of inflammation in your gallbladder.   
  
A small area of thickening in your colon was found. This could be a possible sign of cancer, but other possibilities like inflammation of a small pouch in the colon are less likely.   
  
There are some nodules in your left breast that appear to be harmless. However, a more detailed breast scan might be needed if your doctor thinks it's necessary.  
  
Your scan also shows a fatty liver. You have some small stones in your kidneys. The uterus is enlarged, likely due to fibroids. There is a hernia in your lower abdomen containing some of your intestines and fatty tissue.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
## Summary:  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Possible Colonic Malignancy:\*\* A short segment of circumferential mural thickening at the splenic flexure with surrounding fat stranding, suggestive of extraserosal extension. This raises suspicion for primary colonic malignancy. Acute diverticulitis is a less likely differential in view of the presence of colonic diverticula. No perforation or rim-enhancing intraabdominal collection.  
\* \*\*Fibroids:\*\* The uterus is enlarged, with several nodules, some calcified, likely related to fibroids.   
\* \*\*Fatty Liver:\*\* The liver is fatty.  
\* \*\*Kidney Stones:\*\* Non-obstructing calculi are seen in both kidneys.  
\* \*\*Atherosclerotic Calcifications:\*\* The aorta is of normal caliber with atherosclerotic calcifications.  
\* \*\*Possible Hyperdense Cyst:\*\* A 1.4 cm hypodensity of increased attenuation is noted in the left kidney, which may represent a hyperdense cyst.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* Patchy ground glass opacities are seen in both lungs, possibly representing mosaic attenuation from air trapping. No pulmonary mass or consolidation. The central airways are patent. No pleural effusion.   
\* \*\*Heart:\*\* Enlarged. No pericardial effusion.   
\* \*\*Abdomen:\*\* Scattered colonic diverticula. Wide neck hernia in the lower anterior abdomen containing small/large bowels and omental fat with no evidence of obstruction. Marked subcutaneous fat stranding surrounding the hernia sac. The overlying skin is also thickened.   
\* \*\*Liver:\*\* Fatty. No suspicious hepatic lesion noted. The hepatic and portal veins are patent.  
\* \*\*Gallbladder:\*\* Unremarkable with no radiodense gallstone, gallbladder wall thickening or pericholecystic fat stranding. The biliary tree is not dilated.  
\* \*\*Pancreas, Spleen, Adrenals:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* Both enhance symmetrically. Non-obstructing calculi are seen in both kidneys. No hydronephrosis. A 1.4 cm hypodensity of increased attenuated is noted in the left kidney, which may represent a hyperdense cyst.  
\* \*\*Bladder:\*\* Shows a smooth outline.  
\* \*\*Uterus:\*\* Enlarged, with several nodules, some calcified, likely related to fibroids. No suspicious adnexal mass.  
\* \*\*Aorta:\*\* Normal caliber with atherosclerotic calcifications.   
\* \*\*Breast:\*\* A few well-defined nodules are noted in the left breast, demonstrating a benign appearance.  
\* \*\*Lymph Nodes:\*\* Prominent retroperitoneal nodes are indeterminate (para-aortic node measures 1.0 cm). No other significantly enlarged abdominal or pelvic lymph node is noted.  
  
\*\*3. Symptoms or Phenomenon:\*\*  
  
\* \*\*Short segment of circumferential mural thickening at the splenic flexure:\*\* This is a cause for concern and raises suspicion for a primary colonic malignancy.   
\* \*\*Enlarged Uterus:\*\* The uterus is enlarged with several nodules, some calcified, likely related to fibroids.  
\* \*\*Prominent retroperitoneal nodes:\*\* These are indeterminate.  
\* \*\*Patchy ground glass opacities in both lungs:\*\* Possibly representing mosaic attenuation from air trapping. This may indicate a condition like Chronic Obstructive Pulmonary Disease (COPD).  
\* \*\*Atherosclerotic calcifications in the aorta:\*\* This may suggest an increased risk of cardiovascular disease.  
\* \*\*Fatty liver:\*\* This may indicate a condition like Non-Alcoholic Fatty Liver Disease (NAFLD).  
\* \*\*Wide neck hernia:\*\* This may cause discomfort and potentially lead to complications if left untreated.  
  
\*\*Important Note:\*\* This summary is based on the information provided in the text. It is essential to consult a qualified medical professional for a proper diagnosis and treatment plan.