# Patient ID: 1574, Performed Date: 21/1/2017 15:01

## Raw Radiology Report Extracted

Visit Number: b800aeecf56f090defa90cd910ce889e9308526b082742c35e30e5e28ae25c3b

Masked\_PatientID: 1574

Order ID: 273b47870f6a5ca1a0d0c9e8c6cd7304bce4116f38e42a8da390479e81b0349b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/1/2017 15:01

Line Num: 1

Text: HISTORY LOW, change in BO. u/s HBS - ? 2 lesions in liver Hep B carrier TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 Positive Rectal Contrast given FINDINGS Nosuspicious pulmonary nodule or consolidation is detected. There is no pleural or pericardial effusion. No significantly enlarged supraclavicular, mediastinal or hilar lymph node is seen. Of note, there are multiple enlarged lymph nodes in the upper abdomen in the retrocaval, para-aortic, aortocaval and retrocaval region, as well as pericoeliac, common hepatic, peri-SMA, splenic and left anterior abdominal region. For example, the left para-aortic adenopathy measures about 3.9 x 2.2 cm (image 27/43) while the retrocrural adenopathy 5.3 x 1.6 cm collectively (image is 27/24). Some of these show hypodense centre, suspicious for necrosis. Findings are suspicious for lymphoma with differentials being metastatic adenopathy.The pancreas is displaced anteriorly and otherwise shows normal homogeneous enhancement. The spleen however shows multiple ill-defined hypodense lesions, the largest measuring about 3.8 x 3.4 cm (image 27/29). The spleen itself is not significantly enlarged, measuring about 11.5 cm in craniocaudal dimension. The lesions are of indeterminate nature, probably part of the lymphoproliferative disease. The liver shows no obvious mass. The hepatic vessels are patent. The gallbladderis not seen, in keeping with prior cholecystectomy. Stable mild prominence of the biliary ducts are likely physiological. The adrenal glands and kidneys are unremarkable, save for bilateral renal hypodensities, likely cysts. The bowel loops show multiple uncomplicated diverticula in the rectosigmoid colon. No obvious eccentric mass is detected. There is mild low-density ascites in the pelvis. The suboptimally distended urinary bladder is grossly unremarkable. The prostate gland is not enlarged. Focal fluid is noted around the right anterior thigh muscle, probably within bursa (images 27/108 and 122). CONCLUSION 1. Multiple enlarged lymph nodes in the upper abdomen mesenteric and retroperitoneal region, raising the suspicion of lymphoma. Metastatic adenopathy is deemed to be a less likely differential. Some of the nodes appear necrotic. 2. Multiple hypodense lesions in the spleen, probably related to (1)/lymphoproliferative disease. 3. Uncomplicated rectosigmoid colonic diverticula. 4. Bilateral renal cysts. 5. No suspicious pulmonary finding detected. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 56b8de13e164fec1380f9c12fa30fbf166068698bc54f2091aac95c1465bea0d

Updated Date Time: 23/1/2017 10:15

## Layman Explanation

The scan showed several enlarged lymph nodes in your upper abdomen. This could be lymphoma, which is a type of cancer that affects the lymph nodes. It's less likely, but these enlarged nodes could also be from another type of cancer that has spread. Some of the lymph nodes show signs of dying tissue.   
  
The scan also showed some unusual areas in your spleen. These are likely connected to the enlarged lymph nodes and part of the same issue.   
  
You have several small pouches in your large intestine, which are common and not a concern.   
  
The scan showed some small fluid-filled sacs in your kidneys, which is also common.   
  
There were no concerning findings in your lungs.

## Summary

## Analysis of Radiology Report:  
  
\*\*Image Type:\*\* Computed Tomography (CT) Scan - This is indicated by the mention of "intravenous contrast: Iopamiro 370" and the description of image numbers (e.g., "image 27/43").  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Lymphoma:\*\* This is the primary concern, with multiple enlarged lymph nodes in the upper abdomen, some showing hypodense centers (suspicious for necrosis).  
\* \*\*Metastatic adenopathy:\*\* This is a less likely differential diagnosis for the enlarged lymph nodes.  
\* \*\*Lymphoproliferative disease:\*\* This is suggested as the potential cause for the hypodense lesions in the spleen.   
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lymph nodes:\*\* Enlarged in the upper abdomen, particularly in the retrocaval, para-aortic, aortocaval, retrocaval, pericoeliac, common hepatic, peri-SMA, splenic, and left anterior abdominal regions. Some show hypodense centers, suspicious for necrosis.  
\* \*\*Pancreas:\*\* Displaced anteriorly, otherwise showing normal homogeneous enhancement.  
\* \*\*Spleen:\*\* Shows multiple ill-defined hypodense lesions, the largest measuring about 3.8 x 3.4 cm. Not significantly enlarged, measuring about 11.5 cm in craniocaudal dimension.  
\* \*\*Liver:\*\* No obvious mass, hepatic vessels patent.  
\* \*\*Gallbladder:\*\* Not seen, likely due to prior cholecystectomy.  
\* \*\*Biliary ducts:\*\* Mild prominence, likely physiological.  
\* \*\*Adrenal glands:\*\* Unremarkable.  
\* \*\*Kidneys:\*\* Unremarkable, except for bilateral renal hypodensities, likely cysts.  
\* \*\*Bowel loops:\*\* Multiple uncomplicated diverticula in the rectosigmoid colon. No obvious eccentric mass detected.  
\* \*\*Urinary bladder:\*\* Suboptimally distended, grossly unremarkable.  
\* \*\*Prostate gland:\*\* Not enlarged.  
\* \*\*Muscles:\*\* Focal fluid noted around the right anterior thigh muscle, probably within bursa.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Multiple enlarged lymph nodes in the upper abdomen:\*\* This finding raises suspicion of lymphoma, with metastatic adenopathy as a less likely differential. Some of the nodes appear necrotic.  
\* \*\*Multiple hypodense lesions in the spleen:\*\* This finding is probably related to the lymphoproliferative disease.  
\* \*\*Mild low-density ascites in the pelvis:\*\* This suggests fluid accumulation in the pelvic cavity.  
\* \*\*Focal fluid around the right anterior thigh muscle:\*\* Likely within bursa.   
  
\*\*Conclusion:\*\*  
  
The report suggests a potential diagnosis of lymphoma based on multiple enlarged lymph nodes in the upper abdomen. Additionally, the hypodense lesions in the spleen are likely part of a lymphoproliferative disease. Further investigation and intervention are recommended.