# 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 since your last scan in April 2019, the thickening in your bladder wall has gotten worse and has spread to the surrounding area on the left side. A lymph node in your left groin has also gotten bigger, which may be a sign of the cancer spreading. There are new bone lesions, which are suspicious for cancer spreading to your bones. There is a stable nodule in your left lung that doesn’t look like cancer.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
Here's a summary based on your guiding questions:  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*High grade bladder ca:\*\* This refers to high-grade bladder cancer.   
\* \*\*Coronary artery atherosclerosis:\*\* A condition where plaque builds up inside the coronary arteries, which supply blood to the heart.  
\* \*\*Cholelithiasis:\*\* Gallstones.  
\* \*\*Hydroureteronephrosis:\*\* A condition where the kidneys and ureters are dilated due to a blockage of urine flow.  
\* \*\*Metastases:\*\* The spread of cancer cells from one part of the body to another.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Thorax:\*\* The chest cavity, which contains the lungs, heart, and other organs.  
\* \*\*Abdomen:\*\* The part of the body between the chest and the pelvis.  
\* \*\*Pelvis:\*\* The lower part of the trunk, containing the bladder, reproductive organs, and rectum.  
\* \*\*Mediastinum:\*\* The space in the chest that contains the heart, trachea, esophagus, and major blood vessels.  
\* \*\*Hilar:\*\* The area in the lungs where the bronchi and blood vessels enter.  
\* \*\*Axillary:\*\* The armpit.  
\* \*\*Supraclavicular:\*\* Above the collarbone.  
\* \*\*Lymph nodes:\*\* Small, bean-shaped organs that filter lymph fluid and help fight infection.  
\* \*\*Coronary arteries:\*\* The arteries that supply blood to the heart.  
\* \*\*Pericardium:\*\* The sac that surrounds the heart.  
\* \*\*Lungs:\*\* The organs of respiration.  
\* \*\*Liver:\*\* The largest internal organ, involved in detoxification and metabolism.  
\* \*\*Spleen:\*\* An organ involved in filtering blood and storing blood cells.  
\* \*\*Pancreas:\*\* An organ that produces digestive enzymes and hormones.  
\* \*\*Adrenal glands:\*\* Small glands that produce hormones.  
\* \*\*Bowel:\*\* The intestines.  
\* \*\*Urinary bladder:\*\* The organ that stores urine.  
\* \*\*Ureters:\*\* The tubes that carry urine from the kidneys to the bladder.  
\* \*\*Prostate gland:\*\* A gland in the male reproductive system.  
\* \*\*External iliac lymph node:\*\* A lymph node located near the iliac artery.  
\* \*\*Para-aortic lymph node:\*\* A lymph node located near the aorta.  
\* \*\*Ascites:\*\* Fluid buildup in the abdomen.  
\* \*\*Pubic bone:\*\* The bone in the front of the pelvis.  
\* \*\*Spine:\*\* The backbone.  
\* \*\*Iliac bone:\*\* The bone in the hip area.  
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Irregular urinary bladder wall thickening:\*\* This suggests a thickening of the bladder wall that is not normal, which could be related to the cancer.  
\* \*\*Increased perivesical tumor extension on the left:\*\* This suggests that the tumor in the bladder is growing and extending into the surrounding tissue.  
\* \*\*Interval enlargement of the left external iliac lymph node, likely from tumor spread:\*\* This suggests that the cancer may have spread to a lymph node near the iliac artery.  
\* \*\*New lytic and sclerotic bone lesions, suspicious for metastases:\*\* This suggests that there are new lesions in the bones that could be caused by cancer spreading from the bladder.  
\* \*\*Stable non-specific left lower lobe lung nodule:\*\* This suggests that there is a small nodule in the lung that is not changing in size. While this could be benign, it's important to monitor for any changes.  
\* \*\*Increased perivesical fat stranding:\*\* This suggests that the fat around the bladder is showing signs of inflammation, which could be related to the cancer.  
  
\*\*Concerns:\*\*  
  
The report indicates a possible spread of the bladder cancer, as evidenced by the enlarged lymph node and the new lesions in the bones. These findings require further investigation and treatment. The stable lung nodule also warrants monitoring.