

Left atrium: Normal in size and function.

LIMITED CHEST CT FINDINGS:

Lung parenchyma: The visualized lung parenchyma appears normal.

Pleural spaces: There is no evidence for pleural effusion or pneumothorax.

Chest wall: The visualized chest wall appears normal.

LIMITED UPPER ABDOMINAL FINDINGS:

Several circumflex spot hypodensities are seen within the liver, likely cysts, but incompletely characterized on today's examination. If clinically warranted an ultrasound could be performed to further assess.

IMPRESSION:

1. Calcium score of 197 placing the patient in the 60th centile for age.
2. Mild stenosis of the proximal to mid left anterior descending coronary artery secondary to calcific plaque.
3. Mild stenosis of the distal right coronary artery secondary to mixed plaque.

Thank you for referring this patient.

Secretary:

Electronically Signed by: DR CAPTAIN MARVEL

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We are pleased to announce the opening of our X-Ray and Ultrasound practice at Casula which is located at Shop 4a, 389 - 393 Hume Highway, CASULA (in Reilly Centre - cnr of Hume Highway and Reilly St. Bulk billing and free on-site car parking is available. Please phone 9824 1600.

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General Report  
#59742:  
Authorised by  
Root (Root) at  
05/05/2010 14:07

Date Serviced:  
31/12/9999 00:00

Requests:  
10/OCC/0039365  
(Series 0;  
Requested by:  
Prof; Work Site:  
OCC)

Services:  
US Right Arm  
(DVT)

Exam Date: 05/05/2010

Report Date: 05/05/2010

Report Collection: pickup

Referring Doctor:

Exam: CT - ABDOMEN AND PELVIS

CLINICAL HISTORY:

Whipple's procedure for pancreatic neuroendocrine tumour in 2009.

TECHNIQUE:

Multislice helical scans through the pancreas in arterial, and portal venous phases and extended to the pubic symphysis.

FINDINGS:

Comparison is made with the previous CT dated 23/10/09.

Primary site:

The pancreatic head and body have been resected. The residual pancreatic tail has a normal appearance, with no evidence of residual or recurrent mass, or abnormal enhancement.

#### Lymphadenopathy:

The previously-described increased density of the mesenteric fat has largely resolved, and was probably post-surgical in nature. The previously described small mesenteric lymph nodes have also reduced in size. There are no nodes larger than 10mm in the abdomen or pelvis.

#### Distant sites:

The liver is of diffusely low density, consistent with fat infiltration. This appearance has improved since the previous study. There are no focal liver lesions. The visualised lung bases are clear. There are no lytic or sclerotic bone lesions.

#### Other findings:

There are multiple enlarged mesenteric veins, including inferior mesenteric vein, and branches of the superior mesenteric veins. There are enlarged veins posterior to the stomach. The cause of venous enlargement is not clear, as there is no evidence of mesenteric, splenic or portal vein obstruction or stenosis. These prominent veins are unchanged from the previous study.

There is no abdominal free fluid. There has been no change in the size or appearance of the 21mm diameter right adrenal nodule. This has been previously described as of