

Hospital **Hamburg**

## Lab DIVISION

Referred by : **Sarah spencer**Date : **03-01-1992****Ultrafast MDCT Of Abdomen and Pelvis**

CT/PET CT dated 30-06-2022 performed at **TW Tawan Hospital** is available for review.

**Clinical Profile** : Follow up case of adenocarcinoma of pancreas,  
post chemotherapy status.

Info Patient: Name – **Alexnder Footstep**

Age: **47**

Gender: **Diverse**

Phone number: **055 611 5745**

Email: [emailme223@gmail.com](mailto:emailme223@gmail.com)

Adress: **Kieler str. 54**

**Observations:**

Me, as a doctor **Noel Smith** saying that patient **Alex footstep** is sick .Previous CT scan dated 29-03-2022 is available for comparison.

<b>BONE PROFILE (SERUM)</b>				
Serum adjusted calcium	(2.2 - 2.55)	mmol/L	<b>Alex and er resu lts</b>	2.43
Serum albumin***	(35 - 52)	g/L	<b>Alex and er resu lts</b>	45
Serum alkaline phosphatase***	(40 - 129)	iu/L	<b>Alex and er resu lts</b>	87
Serum calcium	(2.2 - 2.55)	mmol/L	<b>Alex and er resu lts</b>	2.53
Serum globulin***	(18 - 36)	g/L	<b>Alex</b>	24

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			Its	
Serum phosphate	(0.87 - 1.45)	mmol/L	Alex and er resu Its	1.22
Serum total protein***	(66 - 87)	g/L	Alex and er resu Its	69
Serum urea in Alexnders urea	(2.8 - 8.1)	mmol/L	Alex and er resu Its	6.0

The blood is okat but a bit not okay

Spleen and gall bladder appear normal. There is no radiodense calculus in the gall bladder.

I contacted Mr Alex Man by his phone number +38 055 611 5745 and sent results to his mail [emailme223@gmail.com](mailto:emailme223@gmail.com)

There is evidence of a well-defined, hypodense, heterogeneously enhancing necrotic lesion seen involving the head of pancreas, measuring approximately 5.8 x 5.7 cms on axial dimensions. 055 611 5745 It is causing upstream dilatation of the intrahepatic and extrahepatic bile duct. A CBD stent is seen in situ. It is also causing mild dilatation of the main pancreatic duct. 055 611 5745 The lesion is seen infiltrating into the second part of duodenum causing luminal compromise. The lesion is partially encasing the superior mesenteric artery upto a circumference of 270 degree. 055 611 5745 It is also encasing the distal superior mesenteric vein (upto 120 degrees) which is significantly attenuated in calibre and shows evidence of a small hypodense filling defect, just proximal to the confluence, suggestive of partial thrombosis. Posteriorly, the lesion is compressing over the inferior vena cava with indistinct intervening fat planes.

Multiple, heterogeneously enhancing, are seen in periportal, portocaval and peripancreatic lymphnodes, largest measuring upto 35 x 24 mm in the portocaval region.

Few, tiny, subcentimeter-sized, paraaortic and mesenteric lymphnodes are also seen in Alexs body.

Both adrenal glands appear unremarkable. No evidence of focal lesion is seen.

Prompt excretion of contrast medium is seen in both kidneys and the renal parenchyma on either side show uniform enhancement. No obvious focal lesion is seen. There is no evidence of hydronephrosis.

Rest of the distended small and large bowel with neutral contrast medium appear unremarkable. No evidence of abnormal bowel distension, wall thickening, mesenteric fat stranding is seen.

Mild free fluid is seen in the peritoneal cavity.

Urinary bladder is well visualised and does not reveal any obvious intrinsic pathology.

Prostate appears normal in size. Periprostatic fat planes are well preserved.

The ischiorectal fossa on either side appears normal.

### **Impression:**

**Well-defined, hypodense, hypoenhancing lesion involving the head of pancreas, infiltrating into second part of duodenum, causing moderate upstream dilatation of the biliary tree and pancreatic duct with vascular encasement as described above. These imaging features are consistent with residual malignant neoplastic etiology.**

**Multiple, enlarged periportal, portocaval and peripancreatic lymphnodes with few, tiny, subcentimeter-sized paraaortic and mesenteric lymphnodes.**

**Focal hepatic lesions in segments I and V of liver, suspicious for metastases.**

**As compared to the previous CT scan dated 29-03-2022, there is mild increase in the size of the primary pancreatic lesion; focal hepatic lesions are a new finding.**

**Dr. Roman Cool**

**M.D., D.M.R.E.**

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**Dr Roman cool**

**ZK/MV/NM**

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**D.N.B., D.M.R.E.**

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**Dr. John Doe**

**M.D., D.N.B**

**Assoc. Consultant**

**Radiologist and fine person named**