



## INTERVENTIONAL RADIOLOGY

Printed On: TUE, 28-MAY-24 02:54 PM

M.R No.	: 24-01-00105075	Patient No.	: 02-2405-001816	Department No.	: 088-2405-00063
Name	: MR. ASAF HUMAYUN	Performed Date	: 28-MAY-24	Room / Bed	: ADC-01-A
Gender	: Male	Age	: 71 Years	Marital Status	:
Consultant	: MUHAMMAD MISBAH TAHIR, DR.	Company	: PRIVATE PATIENT		

### PTC + PTBD + BALLOON PLASTY

#### Indication:

Moderately differentiated adenocarcinoma of head of pancreas.

Status post Whipple procedure done date 13-07-2023.

Status post chemotherapy, 03 cycles completed on 22-04-2024.

30 F of radiotherapy completed on 08-03-2024.

Lab	Results	Reported on
Hemoglobin	7.5	(28/05/24)
WBC	20.3	(28/05/24)
Platelets	29	(28/05/24)
Bilirubin	120	(28/05/24)
ALT	118	(28/05/24)
ALP	786	(28/05/24)

#### PET scan finding:

##### HEAD/NECK

Symmetrical physiological uptake in brain parenchyma.

Linear increase activity in the left side of scalp at parietotemporal region involving temporalis and masseter muscle without adjacent bony erosion.

Left-sided sphenoid sinusitis without metabolic activity.

Nasopharynx, oropharynx and larynx grossly appear normal. No metabolic activity noted.

No evidence of FDG avid bilateral cervical lymph nodes seen.

From the base of skull to the thoracic inlet, there is symmetric, physiologic distribution of activity.

##### CHEST:

Mild bilateral apical fibrotic changes noted similar to that of prior scan and CT scan.

Calcified granuloma seen in the left upper lobe.

Few tiny non-specific scattered pulmonary nodules seen without metabolic activity.

Bilateral basal atelectatic changes noted more marked in the right basal region.

There is no evidence of abnormal focal increased parenchymal lung uptake.

There is no adenopathy in the mediastinum hilum or axilla by size criteria or metabolic activity.

Normal distribution of the radiotracer within the myocardium.

Ca head of pancreas. S/P Whipple procedure followed by chemo and radiotherapy.

Evidence of Whipple procedure with non-visualization of pancreatic head, the pancreatic body and tail appears normal with intact pancreatic duct stent without metabolic activity.

Moderate intrahepatic duct dilatation without evidence of pneumobilia, suggesting obstruction.

Multiple FDG avid lesions in both lobes of liver giving branching infiltrating pattern more marked in left lobe with SUVmax of 3.1. findings suggest cholangitis with abscess, other possibility of co-existing metastases cannot be entirely excluded.



# National Medical Centre (Pvt) Ltd.

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### PTC + PTBD + BALLOON PLASTY

#### Procedure: (28-05-24)

Informed consent was taken and patient was cleaned and draped in usual fashion. Using ultrasound and fluoroscopic guidance branch of right hepatic duct was punctured and cholangiogram performed which showed stricture at anastomosis of right and left hepatic ducts with small bowel. Length of stricture segment measures 2cm. stricture was negotiated and cholangioplasty performed using 7mm x 4cm balloon. 12Fr self locking 25cm biliary drain with extended holes at 10 and 12 cm placed successfully. No immediate post procedure complication seen.

#### Impression:

Stricture at anastomosis of right and left hepatic ducts with small bowel. Stricture negotiated successfully and cholangioplasty followed by internal and external biliary drain placement done successfully.

#### MEDICATION:

6MG INJ KINZ GIVEN INTRAVENOUSLY

1GM INJ PARACETAMOL GIVEN INTRAVENOUSLY

2% XYLOCAINE GIVEN SUBCUTANEOUSLY FOR LOCAL ANAESTHESIA.

#### Instructions:

- Continue antibiotics.
- FOLLOW UP AFTER 7 DAYS WITH LFT, UCE AND CBC.
- Keep dressing dry and clean.
- Inform the intervention team if there is redness around stitches or pussy discharge.
- CT Scan whole abdomen after one month.

#### PLAN:

Change of drain after 6 months.

  
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## INTERVENTIONAL RADIOLOGY

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M.R No.	: 24-01-00105075	Patient No.	: 02-2405-001816	Department No.	: 088-2405-00064
Name	: MR. ASAF HUMAYUN	Performed Date	: 28-MAY-24	Room / Bed	: ADC-01-A
Gender	: Male	Age	: 71 Years	Marital Status	:
Consultant	: MUHAMMAD MISBAH TAHIR, DR.	Company	: PRIVATE PATIENT		

### PICC LINE (PERIPHERAL INSERTION OF CENTRAL CATHETER)

#### HISTORY

Moderately differentiated adenocarcinoma of head of pancreas.  
Status post Whipple procedure done date 13-07-2023.  
Status post chemotherapy, 03 cycles completed on 22-04-2024.  
30 F of radiotherapy completed on 08-03-2024.

#### REPORT

Procedure: Peripheral insertion of central catheter.

#### Technique:

The right arm was cleansed and draped in the usual sterile fashion. Puncture site was first infiltrated with 2% lignocaine. The basilic vein was then accessed with a 21G needle under ultrasound guidance and a 0.018 inch guidewire advanced centrally. Over this guide wire, a peel away sheath was inserted. Through this sheath, a 5F double lumen central catheter, cut to length, was inserted. Catheter was secured in position with sutures and hemostasis secured.

Contrast: None

Complications: None

Medications: 2% lignocaine S/C x 3cc

#### Findings:

A 5F double lumen central catheter was inserted via the right basilic vein. Tip of the catheter lies in the right atrium.

#### CONCLUSION

Double lumen PICC insertion via right basilic vein under image guidance

#### INSTRUCTIONS

Keep dressing dry and clean.

Take care that no blood should be seen in external tubing of PICC.

Flush with heparinized saline before and after use every time.

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