آغا خان یونیورسٹی ہسپتال
The Aga Khan University Hospital

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RADIOLOGY REPORT

M.R. # 464-97-38 DOB:28/12/1952 Sex: M
Name: HUMAYUN, ASAF
Order Date: 21/11/2023
Location: TELE-ONC
Doctor: Saqib Raza Khan

Clinical History Provided: No

Examination:	Date Reported	Date Examined
CT -CHEST ABDOMEN AND PELVIS WITH CONTRAST -- (7)	21/11/2023	21/11/2023

Clinical indication:
Known case of pancreatic ductal adenocarcinoma.

Procedure details:
CT Chest, Abdomen and Pelvis

Comparison:
Prior CT dated 20/07/2023

Findings:
CT CHEST:
Under appropriate lung windows settings, mild bilateral basal atelectasis is noted.
Minimal streak of left-sided pleural effusion is identified.
Mild bilateral apical fibrosis is noted.
No infiltrates, consolidation or pneumothorax is noted bilaterally.
There is no evidence of mediastinal lymphadenopathy.
Major mediastinal vessels, heart and pericardium appears normal.
Esophagus and thyroid gland is normal.
Minimal atherosclerotic calcifications are noted in arch of aorta.
A small calcified prevascular lymph node is noted measuring 4.5 mm in diameter.

CT Abdomen and Pelvis:
Status post prior Whipples procedure, evident by non-visualisation of pancreatic head with gastrojejunostomy, pancreaticojejunostomy and hepaticojejunostomy formation.

Interval resolution of previously noted postsurgical changes as evident by resolution of streak of free fluid in perihepatic space.
Mesenteric congestion /fat stranding and specks of air within the peritoneal cavity.
Interval removal of surgical drain seen.
Redemonstration of a pancreatic drain with tips in pancreatic tail and in jejunum.

Interval development of soft tissue with delayed enhancement and surrounding fat stranding along the superior mesenteric artery and surrounding the bowel loop along pancreaticojejunostomy site. The soft tissue along superior mesenteric artery measures 41 x 27 x 13 mm.
A necrotic lymph node is also redemonstrated along right side of superior mesenteric artery, showing interval increase in size as compared to prior examination. It is currently measuring 12 mm in diameter, previously it was measuring 6.5 mm ir

Note: This report has been electronically signed & verified by radiologist and does not require manual signature.

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diameter.

Stomach, rest of the small bowel and large bowel appear unremarkable.
No evidence of oral contrast extravasation, to suggest leak.

Liver is normal in size with smooth margins.
No discrete intrahepatic focal lesion is identified.
Remaining part of common bile duct, right and left hepatic ducts show enhancement, likely inflammatory.
Portal vein and hepatic veins are completely opacified.
No evidence of filling defect to suggest thrombus.

Gall bladder is not visualised consistent with history of cholecystectomy.
Visualised body and tail of pancreas appears grossly unremarkable.
Spleen is normal in size and shows normal parenchymal echotexture.
Both kidneys are morphologically normal without any evidence of calculus or hydronephrosis.
Small cyst is redemonstrated along interpolar region of left kidney, measuring 5.5 mm in diameter.

Completely collapsed right half of transverse colon is noted.
Stomach, small bowel and large bowel are otherwise normal in caliber and wall thickness.
No abnormal bowel dilatation to suggest obstruction.
No suspicious bowel wall thickening noted.
No abnormal thickening, nodularity or enhancement of the peritoneal lining.
No significant abdominal or pelvic lymphadenopathy.

Suboptimally distended urinary bladder.
No intravesical lesion or calculus is identified.
Prostate is enlarged, median lobe of the prostate is indenting into the base of urinary bladder.
Prostatic calcifications are noted.

Atherosclerotic changes are seen in the aorta and its terminal branches.
Major abdominal vessels are well opacified.
On bone window setting, no focal lytic or sclerotic lesion is identified. Mild age related degenerative changes are seen.

Conclusion:

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- Status post prior Whipples procedure with interval resolution of previously noted postsurgical changes and interval removal of surgical drain.
- Interval development of soft tissue with delayed enhancement and surrounding fat stranding along the superior mesenteric artery and surrounding the bowel loop along pancreaticojejunostomy site. Interval increase in size of necrotic lymph node along right side of superior mesenteric artery. Findings are suspicious for disease recurrence, further evaluation with PET scan is advised.
- Mild bilateral basal atelectasis with streak of left-sided pleural effusion.
- No hepatic, pulmonary or bony metastasis on current examination.

Date: 21/11/2023

DR.TANVEER UL HAQ (TAHA)
RADIOLOGIST (PAGER # 8085)

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