# Row 10358

Visit Number: 8c950a5101695744db2408a73a0eeb62b90029e4d9148c0c7c13460a44d05ff0

Masked\_PatientID: 10358

Order ID: 150b0d025679eaa480f6cb818292d700179eaa9698fb8dd1322194563d925c43

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/10/2019 10:53

Line Num: 1

Text: HISTORY prolonged fever with cholestatic deranged LFT - a/w abd distention, raised R hemidiaphragm tro intrababdominal or retroperitoneal collection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS CT coronary angiography dated 06/10/2016 was reviewed. The liver is cirrhotic with nodular outline. In segment 8/4, there is a vague ill-defined mass approximately measuring 6.6 x 5.6 x 7.6 cm with faint arterial enhancement and washout (601-16, 603-56). In this context, this is suspicious for an infiltrating hepatocellular carcinoma (HCC). Several small satellite as well as scattered hypodense nodules - example segment 7 (601-14, 15) and segment 4 (601-35) measuring up to 1.5 cm without arterial hypervascularity are indeterminate for dysplastic nodule versus HCC. The middle hepatic vein is not clearly visualised and may be involved by the mass. The portal and splenic veins are patent. Mild gallbladder thickening is nonspecific, likely related to hepatic cirrhosis. The biliary tree is not dilated. The adrenal glands and pancreas are unremarkable. The spleen is enlarged measuring 15 cm in maximum length. Recanalisation of the paraumbilical veins and small amount of ascites are noted in keeping with portal hypertension. There are several enlarged lymph nodes in the retrocrural, periportal, celiac axis, para-aortic, aortocaval and pericaval regions, the largest aortocaval node measuring 2 x 3.4 cm (601-62). Enlarged right supradiaphragmatic/paracardiac nodes are also seen, the largest measuring 3.2 x 1.5 cm (601-19). The kidneys are normal in size demonstrating symmetrical enhancement. No suspicious enhancing renal lesion or hydronephrosis detected. The bowel loops are normal in calibre. The urinary bladder is not distended for further evaluation. The prostate is within normal size limits. Note is made of a fat containing left inguinal hernia containing trace of fluid. Several enlarged lymph nodes are seen in the mediastinum in the paratracheal, para-aortic, prevascular and right internal mammary chain, the largest right internal mammary node measuring 2.5 x 2 cm (502-25). There is a conglomerate likely nodal mass in the right supraclavicular region measuring 3.7 x 2.6 cm (502-6, 505-48). The heart size is normal. No pericardial effusion. Sliver of bilateral pleural effusions are noted. There is a small 5 mm nonspecific ground-glass density in the left upper lobe (501-20). A tiny 3mm solid nodule is present in the anterior right upper lobe (501 - 39). Atelectatic changes in the middle and bilateral lower lobes are noted. No focal destructive bony lesion is seen. CONCLUSION Hepatic cirrhosis with portal hypertension in the form of splenomegaly and small volume ascites. Ill-defined mass in the right hepatic lobe with faint arterial enhancement washout is suspicious for infiltrative HCC. Correlation with tumour markers suggested. Several small scattered hypodense nodules with no overt arterial hyper vascularity are indeterminate for dysplastic nodules versus HCC. Extensive mediastinal, supradiaphragmatic, upper abdominal and retroperitoneal lymphadenopathy. The distribution is atypical for metastatic lymphadenopathy. Other causes including lymphoproliferative disorder/lymphoma should also be considered. Histological sampling from right supraclavicular conglomerate nodal mass may be considered. Tiny 3 mm nodule in the right upper lobe is indeterminate. Nonspecific ground-glass opacity is also noted in the left upper lobe. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: d43b1b37266ad25fe0423b80d97abf25af3762b14d4f113d3b006ab988c2adf2

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