# Row 10360

Visit Number: 8c950a5101695744db2408a73a0eeb62b90029e4d9148c0c7c13460a44d05ff0

Masked\_PatientID: 10358

Order ID: 023c774731f904c8a0e898a6c61322aec35704cd31717ce8edaf0b145bf2a8b3

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 16/10/2019 12:48

Line Num: 1

Text: HISTORY hcc septic desat TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with prior CT chest, abdomen and pelvis of 12 October 2019. No filling defect is seen within the main pulmonary artery as well as its lobar and segmental branches to suggest pulmonary emboli. The right over left ventricular ratio is less than one. The heart size is normal. No pericardial effusion is detected. No consolidation no pulmonary mass is detected. Stable indeterminate 0.4 cm pulmonary nodule in the right upper lobe (9-37 current vs 501-39 prior). Stable nonspecific ground-glass density at the left upper lobe (9-21 current vs 501-20 prior). Slight worsening of bilateral pleural effusion is noted with compressive atelectasis. The central airways are patent. Stable enlarged mediastinal lymph nodes, for example in the prevascular station measuring approximately 1.4 cm (8-32). Stable enlarged right internal mammary (1.7 cm, 8-28) and supraclavicular (2.0 cm, 8-2) lymph nodes are also noted. These are suspicious for disease involvement. Only a non contrast scan of abdomen was performed as requested (contrast enhanced study has been performed recently). The liver is nodular in contour with left lobe hypertrophy in keeping with cirrhosis. The known ill-defined hepatic mass as well as a few small hypodense nodules are vaguely seen, better characterised on the prior examination. Splenomegaly with multiple perisplenic varices are in keeping with portal hypertension. Increase in the low density ascites is noted. Stable enlarged intra-abdominal lymph nodes are noted, for example in the interaortocaval station (2.4 cm, 3-74), suspicious for disease involvement. No destructive bony lesion is identified. CONCLUSION Since 12 October 2019, 1. No evidence of pulmonary emboli or right heart strain. 2. Stable thoracic and abdominal adenopathy. Metastatic disease versus coexistent lymphoproliferative disorder remains a consideration. Kindly correlate with histology. 3. Known ill-defined hepatic mass and nodules are vaguely seen and better characterised on the prior examination. 4. Stable indeterminate right upper lobe 0.4 cm nodule. 5. Liver cirrhosis with portal hypertension. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: d294b24a33eac3eba8463230e8d247930dd861408812cce6865435f5349b997f

Updated Date Time: 16/10/2019 18:12