# Row 10383

Visit Number: 4ac65bbc93e57a1c0054084eb15f9c28b7e2b7e0bd6f3d2ab214247de4f5c458

Masked\_PatientID: 10382

Order ID: 1e5530846d7c42bfc3a829fe20e13888869b68f4ffbb488fd63d74c74c114238

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/9/2019 16:04

Line Num: 1

Text: HISTORY RIF mass with liver mets on US Spurious diarrhea, possible IO TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Note is made of the CT of 16 April 2012 and radiograph of 27 Sept 2019. Thorax No suspicious pulmonary nodule or mass is seen. At least two tiny nodules measuring up 3mm in the anterior left upper lobe segment (e.g. 8-55) are non-specific, probably inspissated mucus. Bronchiectasis and scarring in the left lower lobe with calcified granulomas, mucous plugging. There is bronchial wall thickening, peribronchial consolidation and clustered tiny nodules. Small left pleural effusion could be reactive. Nodularity and ground-glass densities in the lingula inferior segment is also noted. Atelectasis in the middle lobe noted. Borderline enlarged left lower paratracheal lymph node measuring 9mm in short axis (7-39) is noted. Prominent bilateral hilar lymph nodes are noted (right, 7mm short axis, 7-46; left, 7mm, short axis, 7-51). No enlarged supraclavicular or axillary lymph node. Heart is not enlarged. No pericardial effusion. Non-specific small hypodense nodule is seen in the right thyroid lobe. Abdomen Pelvis Eccentric soft tissue mural thickening at the region of the caecum measuring approximately 3.7 x 4.6 x 3.8cm (AP x TV x CC, 9-78, 12-47), is suspicious for an underlying malignancy. There is possible involvement of the terminal ileum although No upstream small bowel dilatation is seen. Long segment Mural oedema involving the transverse colon up to the splenic flexure is noted, although mural enhancement is preserved. The large bowel is otherwise also not dilated. No pneumoperitoneum. Multiple hepatic hypodense masses are noted, largest measuring up to 2.4 x 3.1cm in hepatic segment 8 (e.g. 9-26) are suspicious for metastases. The hepatic and portal veins still opacify normally. The superior mesenteric vein also opacifies normally. Gallbladder, biliary tree, spleen, pancreas and adrenal glands are unremarkable. Both kidneys enhance symmetrically. No suspicious renal mass or hydronephrosis. Urinary bladder is under-distended, limiting its assessment. The uterus is unremarkable. No adnexal mass. Prominent mesenteric nodes measuring up to 1.0 x 0.8cm (9-79) are indeterminate. Low-density ascites is seen, notably along the paracolic gutters. No destructive bone lesion. CONCLUSION 1. Eccentricsoft tissue mural thickening at the region of the caecum is suspicious for an underlying malignancy. There is possible involvement of the terminal ileum. However no convincing evidence of obstruction currently. Histological correlation advised. 2. Colitis is seen in the transverse colon 3. Multiple bilobar hepatic hypodense masses are suspicious for metastases. No definite intrapulmonary metastasis. 4. Borderline enlarged left lower paratracheal node is nonspecific. There is severe bronchiectasis in the basal left lower lobe with active infective/inflammatory changes. There are also some inflammatory changes in the inferior lingula. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 52a67e9e24157da36a350d56470e3473177a822d49e9715deaf219af9cdbd76e

Updated Date Time: 29/9/2019 9:56