# Row 10409

Visit Number: f5e20a9e52d532b778eacf8fdf7950c7e5dd2d2e479045b54cbe061495ca841a

Masked\_PatientID: 10406

Order ID: cc81b91b135c42a3b0cfbc866f3576ea9f3961a62d43b0102decdb863b4e00de

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/6/2017 18:03

Line Num: 1

Text: HISTORY cholangioca on palliative chemo sepsis of unknown origin GNB bacteremia to look for source of sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 55 FINDINGSComparison made with CT of 8/5/2017. ABDOMEN AND PELVIS Status post Whipple operation with cholecystectomy. The gastrojejunostomy site is wide patent and unremarkable. The remnant pancreatic body and tail is atrophic with fatty infiltration, otherwise with no peripancreatic fat stranding. The mild pancreatic duct dilatation is better seen in last CT of May 2017 (5-139). There is again soft tissue that surrounds the distal celiac trunk with a few surgical clips adjacent to it, previously deemed likely post-treatment changes of tumor recurrence. This is relatively unchanged since CT of Feb 2017. More inferiorly in the mesenteric root, an enhancing focus measuring 15 x 11mm (7-59), probably representing an indeterminatelymph node, is unchanged since May 2017. A new rim enhancing multiloculated focus in the upper medial aspect of segment 5/6 measures 44 x 29 x 30 mm, suspicious for abscess. At this inferior aspect, a 15 mm focus of soft tissue may be due to intervening liver parenchyma rather than a lesion but needs to be follow up. There is again note of increased mucosal enhancement and thickening at the retroperitoneal choledocho-jejunostomy (7-48) but the thickening was improved from the Feb CT. The adjacent blind end of the afferent jejunal loop remains distended. There is mild worsening of the intrahepatic biliary dilatation, with the common hepatic duct measuring 11 mm compared to prior 9 mm. There is otherwise suggestive of patency. Fatty infiltration of the liver is again seen. The portal and hepatic veins enhance normally. There is no change of the narrowing at the proximal main portal vein. The spleen is not enlarged. Small peri-oesophageal varices and predominantly left omental collaterals are noted. There is worsening of ascites. Fluid stranding of the subcutaneous fat is noted, which may be related to the fluid status. Stable tiny 2 mm hypodensity in left mid upper kidney (7-57) is unchanged, probably cyst. A new 3 mm hypodensity is also noted in the right mid lower kidney (7-57) also possibly a cyst. The spleen, adrenals, bowel and seminal vesicles are unremarkable. The urinary bladder wall remains mildly thickened. The prostate is mildly enlarged. Prominent pelvic veins are again noted along the pelvic sidewall. THORAX AND BONES No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Heart size is normal. Mediastinal vasculature enhance normally. New small bilateral pleural effusions with right basal atelectasis are noted. No lung mass or sinister nodule is identified. There are no consolidation or ground-glass changes. No destructive bony lesion is seen. CONCLUSION Since last CT ofMay 2017, 1. Status post Whipple’s operation with stable soft tissue at the surgical site, previously deemed post treatment changes of prior tumor recurrence. 2. Stable enhancing focus, likely an indeterminate node, in the mesenteric base, unchanged since May 2017. Further follow-up suggested. 3. No other new metastasis is noted in the thorax, abdomen and pelvis. 4. Stable mucosal thickening at choledocho-jejunostomy site with slight worsening of biliary dilatation. 5. New 4.4cm abscess in medial segment 5/6 of the liver. 6. Mildly worsened ascites with new bilateral pleural effusions. 7. Other minor findings as described. Further action or early intervention required Finalised by: <DOCTOR>

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