# Row 10425

Visit Number: 31cbb96a47f77049ef12f77da409b562a0ace13deee8b3ca6cb3d379855b8a57

Masked\_PatientID: 10415

Order ID: 69682b628d7aa520d45e2fbca19be98caf8cab88a941074f61aa31262841b8af

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/3/2019 10:04

Line Num: 1

Text: HISTORY 61 yo female with met crc extended ras wt \mss on 3rd line tas102 started on 22\2\19 - primary insitu, (had defunctioning colostomy in aug 2018) sod liver , pleural lymph nodes Admitted for functional decline TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made to the CT chest, abdomen and pelvis of 15 January 2019. ABDOMEN AND PELVIS New extensive filling defects are seen in bilateral common iliac veins and the inferior vena cava to the level of the left renal vein, consistent with thrombus. Within the limits of this modality, there is interval increase in size of stenosing sigmoid mass now 9.7 x 4.7 cm and in keeping with primary tumour (series 501\108 versus previous 5\202). It again demonstrates invasion into the urinary bladder and extension to the vesico-uterine space likely involving the uterus. Status post defunctioning colostomy (20 August 2018). There is no evidence of intestinal obstruction. Interval increase in size of inferior mesenteric adenopathy, now up to 1.1 cm in short axis (series 501\82). Interval increase in ascites, still small volume. Interval increase in size and number of bilobar hepatic lesions suspicious for metastasis. For example, the largest centred in the right hepatic lobe measures 13.9 x 10.5 cm currently (series 501\34). Areas of capsular retraction are noted. Few peripheral prominent bile ducts are likely related to obstruction by metastasis. The right portal vein is stretched, and there is increased compression on the intrahepatic inferior vena cava by metastasis. Uncomplicated gallstones are noted. Nonspecific mural oedema of the gallbladder isseen. The pancreas, spleen and adrenals are unremarkable. Vague patchy hypoenhancement of bilateral kidneys is non-specific. No hydronephrosis is detected. No destructive bone lesion is seen. Subcutaneous stranding of the abdomen and pelvis is likely related to venous obstruction. CHEST No suspicious pulmonary nodule or mass is seen in the aerated lungs. Scattered and passive atelectasis is seen. Interval increase in size of right pleural effusion and new left pleural effusion, both moderate. No significantly enlarged thoracic node is detected. The central airways are patent. Right chemoport is seen with tip in the cavoatrial junction. Small pericardial effusion is stable. The aorta is of normal calibre. The thyroid and oesophagus are grossly unremarkable. CONCLUSION Since the CT chest, abdomen and pelvis of 15 Jan 2019, New extensive filling defects are seen in bilateral common iliac veins and the inferior vena cava to the level of the left renal vein, consistent with thrombosis. Interval increase in size of stenosing sigmoid mass in keeping with primary tumour. It again demonstrates invasion into the urinary bladder and extension to the vesico-uterine space likely involving the uterus. Interval increase in size of inferior mesenteric adenopathy. Interval increase in size and number of bilobar hepatic lesions suspicious for metastasis. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: c3509185bea7e691888b8d44372d473c0acc92f1559b68fa835ed90a6f07ffa0

Updated Date Time: 07/3/2019 13:04