# Row 10651

Visit Number: 909a98fba133c537db9366f1145e64a4ced94d11a36ebe60627b4d4823d7f77c

Masked\_PatientID: 10649

Order ID: b5e59ccb765d681412cf45ea3e23ccb13ad8952f67cfb39b7b71d33cc4c4115a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/11/2019 14:55

Line Num: 1

Text: HISTORY bilious NGT and I/O symptoms ?concerning for duodenal compression b/g metastatic SCC ?duodenal primary Also to evaluate for hydronephrosis in view of AKI To compare with scans done in private To get CD from family TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast FINDINGS Comparison with unenhanced CT of 10 March 2019. A recent PET CT dated 22 October 2019 was also reviewed. There is no enlarged axillary or mediastinal lymph node. There is no pleural or pericardial effusion. Calcified granuloma in the left lower lobe. No consolidation or suspicious pulmonary mass. Airways are patent. A small focus of ground-glass opacity in the left lower lobe (203-67) is likely inflammatory. There is increase dilatation of the intrahepatic ducts. The biliary tree is dilated to the periportal region. Infiltrative soft tissue is visualised at the periportal/pancreaticoduodenal region which is probably related to the primary duodenal lesion or periportal adenopathy. There is increased dilatation of the main pancreatic duct as well. The duodenum shows mural thickening with mild perienteric fat stranding. NG tube is in situ. There is no significant dilatation of the stomach to suggest gastric outlet obstruction. The spleen is not enlarged. Adrenal glands are unremarkable. Increased soft tissue density adjacent to the coeliac axis and SMA may represent small lymph nodes. There is also increased infiltrative soft tissue in the para-aortic and aortocaval region which are suspicious for adenopathy which appears stable. Multiple bilateral common iliac lymph nodes are also stable. Multiple gallstones are present. No adrenal mass. Bilateral ureteric stents are in situ. There is no left hydronephrosis but stable mild dilatation of the right renal pelvicaliceal system. Thinning of the renal parenchyma worse in the left kidney represents scarring. There is no significant ascites or dilatation of the bowel loops. Uterus is atrophied. No adnexal mass. There is subcutaneous emphysema in the subcutaneous fat anterior to the symphysis pubis as well as in the inner aspect of the upper thigh, suggesting prior intervention. Stable enlarged left inguinal lymph nodes measuring up to 1.5 x 1.2 cm (202-188) and 1.9 x 1.7 cm (202-195). Stable sclerosis in L5 from related to degeneration. No aggressive bony lesion. CONCLUSION No suspicious pulmonary mass. Calcified granuloma in the left lower lobe. Increase dilatation of the intrahepatic ducts. There is narrowing of the biliary tree in the pancreaticoduodenal/periportal region where there is infiltrative soft tissue and this may be related to adenopathy or primary duodenal lesion. There is also increased dilatation of the main pancreatic duct. Mural thickening of the duodenum is identified. There is stable infiltrative soft tissue in the para-aortic, aortocaval and adjacent to the coeliac axis and SMA which suggests adenopathy. Stable enlarged left inguinal lymph nodes and bilateral common iliac lymph nodes. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ddb2f7b5438c96b19d4a2d780f5ab76befd2784a31d5cfd1e985e327a8ed6619

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