# Row 10658

Visit Number: 0739dc32c260aa4dc82053424cf74ab6b820f07eee0d701d74bf33a76716726b

Masked\_PatientID: 10649

Order ID: 23cfd757ab57c40af8fe1fdf9d6ebfa0e838ddd28142c296651c37397039f633

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/9/2020 11:42

Line Num: 1

Text: HISTORY background zmetastatic malignancy of unknown primary. currently having E. raffinosus bacteremia andworsening dysphagia. To look for progression of underlying disease and localise source of bacteremia TECHNIQUE Noncontrast CT chest, abdomen and pelvis FINDINGS Comparison made with the prior CT study of 16 April 2020 and 21 November 2019. THORAX Soft tissue in the left supraclavicular fossa probably represents adenopathy (series 2, image 9). It is closely associated with the lower cervical oesophagus. There is no enlarged mediastinal or hilar lymph node. There is also apparent mural thickening in the mid thoracic oesophagus (series 2, image 42), indeterminate. No consolidation or suspicious pulmonary mass noted. Calcified granuloma in the left lower lobe. There is no pleural effusion. Heart size is not enlarged. Trace pericardial effusion. Nonspecific hypodense nodule in the right lobe of the thyroid gland. Largely stable calcified nodule in the outer half of the right breast (2-42). ABDOMEN AND PELVIS Infiltrative soft tissue at the pancreaticoduodenal groove and periportal region appears largely stable, attributed to adenopathy. Stable mild dilatation of the main pancreatic duct. There is pneumobilia indicating patency of choledochoduodenostomy stent. No gross hepatic mass identified within the limits of a non-contrast study. Stent present in the third part of the duodenum. Mild distension of the stomach noted. Uncomplicated cholelithiasis. Spleen and adrenal glands appear unremarkable. Bilateral ureteric stents are in situ. Stable dilatation of the left renal pelvicaliceal system and proximal ureter. Further thinning of the left renal parenchyma reflects chronic obstructive uropathy. There is worsening right hydronephrosis despite presence of stent, attributed to increased infiltrative retroperitoneal soft tissue (series 33076, image 36). No gross ascites. Bowel loops are not dilated. Uterus and ovaries are atrophied. Note is made of prior surgical history of vulvectomy and closure of vulva wound with skin flaps (Nov 2019). The perineum appears bulky (series 2, image 192). Mildly enlarged bilateral inguinal nodes measuring up to (1.6 cm) (series 2, image 197) noted, slightly larger than before. There is nonspecific soft tissue stranding in the lower anterior abdominal wall. No gross bony destruction. CONCLUSION Bilateral ureteric stents are in satisfactory position. There is worsening right hydronephrosis despite presence of stent, attributed to increased infiltrative retroperitoneal soft tissue. Note is made of surgical history of prior vulvectomy and closure of vulva wound with skin flaps. The perineum appears bulky. Please correlate with clinical examination to exclude local recurrence. Mild increase in size of bilateral inguinal adenopathy. Soft tissue in the left supraclavicular fossa probably represents adenopathy; It is closely associated with the lower cervical oesophagus, indeterminate for cause of the patient's symptoms. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 840bdb9b75bb616b9f4e2ce6433ad354954e1f7c6294581ba24d71f7cce2b965

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