# Row 10702

Visit Number: 5a81dcec03157a72dd65ef7a3f7f629581e35c6062bdf52457c38cc9bde92f24

Masked\_PatientID: 10697

Order ID: 0dfc32700a823f67247f398ffee531f7d373cecb08cf6b926d73f6d082e6a706

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/7/2017 13:01

Line Num: 1

Text: HISTORY fever and abdominal pain tro infective cause vs progression of disease b/g Metastatic Peri-ampullary CA - S/p Whipple`s operation with PJ duct to mucosa recon on 9/5/16, recent air space infiltrates in the right lower zones ? infection s/p 1/52 antibiotics and respiked fever TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Comparison is made with the CT and MRI of 12 April 2017 (NCC). The multiple hepatic metastases are larger and more numerous. For example, the largest metastasis now measures 7.9 x 6.7 cm (series 501 image 36). Previously, it measured 5.0 x 3.1 cm (series 17 image 31 of the MRI). It is located insegment 4 of the liver. These metastases have caused extrinsic compression on the intrahepatic biliary tree, resulting in mild segmental biliary dilatation, worst in segment 4B. There is now tumour thrombosis in the left branch of the portal vein, and in the anterior sectoral branch of the right portal vein. This is newly identified. Multiple enlarged lymph nodes in the peri-portal region are also larger. The largest node now measures 2.5 x 1.8 cm (series 501 image 52). Previously, it measured 2.0 x 1.2 cm (series 17 image 38). Multiple enlarged lymph nodes are also seen encasing the coeliac artery. These are also larger. The largest node now measures 4.1 x 1.8 cm (series 501 image 49). Previously, it measured 2.0 x 1.8 cm (series 17 image 33). The patient is post-Whipple surgery. The pancreatico-jejunostomy is identified by a stent. It appears widely patent. The main pancreatic duct in the pancreatic body and tail is not dilated. The gastro-jejunostomy is unremarkable and widely patent. The hepatico-jejunostomy appears patent; there is a small amount of aerobilia in the left hepatic lobe. The spleen and adrenal glands are unremarkable. The kidneys again show several cysts,the largest measuring 2.3 cm and located in the upper pole of the left kidney. There is no hydronephrosis. The rest of the bowel appears unremarkable. A small amount of ascites is seen in the pelvis. A small amount of subcapsular fluid is also seen in the right hepatic lobe. The urinary bladder appears normal. The uterus and ovaries appear unremarkable. In the thorax, there are multiple pulmonary nodules, consistent with pulmonary metastases. These are newly identified. The largest nodule measures 9 x 8 mm and is located in the left upper lobe (series 401 image 29). There are small bilateral pleural effusions, larger on the right. There is compressive atelectasis in the right lower lobe. No air-space consolidation is seen to suggest a pneumonia. No skeletal metastasis is detected. Degenerative changes are seen in the spine. CONCLUSION The disease has progressed, with progression of the hepatic metastases, new development of tumour thrombosis of the portal vein, progression of the upper abdominal metastatic lymph nodes, and new development of pulmonary metastases. The hepatic metastases have caused extrinsic compression on the intrahepatic biliary tree resulting in mild biliary dilatation. May need further action Finalised by: <DOCTOR>

Accession Number: 29e274ca33300f38e247107c98dd4f38d4602392ad8253373e5fec761eb66634

Updated Date Time: 07/7/2017 14:23