# Row 10774

Visit Number: 77d649bee2be2a6675841c3d71fda75bf858cc9f9d317a46d1b6562c1c53257a

Masked\_PatientID: 10773

Order ID: fb79f3f64da18dae5c08d5586f1aa6402fb7c0f0bc3dafc132b7ae1a2de731c6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/11/2015 18:32

Line Num: 1

Text: HISTORY recurrent sigmoid carcinoma with segment 5 metastasis with worsening jaundice now; patient initially for elective admission for RFA but found to have rising bil and very jaundiced TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS CT scan from 27/07/2015 is noted. No axillary, supraclavicular, mediastinal or hilar lymphadenopathy shown. Mediastinal vessels are patent. Heart is not enlarged. No pericardial effusion is seen. Coronary arterial calcification is noted. Newly seen solid nodule identified in the left upper lobe, measuring 14 x 13 x 15 mm in size. This was not shown on the July 2015 NCC CT scan. The atelectasis in the right lower lobe is unchanged. Marked intrahepatic biliary ductal dilatation is seen, involving both lobes as well as the porta hepatis. The common bile duct is of normal calibre. Mild enhancement of the parenchyma at the resection margin in segment VI, related to surgical clips, is also newly seen and suggest tumour recurrence. The portal veins remain patent. Previous cholecystectomy evident. Spleen is not noticeably enlarged and is unremarkable. Adrenal glands, kidneys, pancreas, demonstrates intestinal loops are largely unremarkable. The colonic anastomotic site shows no abnormal mural thickening. Multiple small volume lymph nodes are seen in the para-aortic and pericaval region, slightly more prominent than on the previous CT scan. No free extraluminal fluid demonstrated within the peritoneal cavity. The aorta shows atheromatous changes but is of normal calibre. Urinary bladder is unremarkable. Prominentprostate with areas of calcification is again seen. Degenerative changes are noted at the thoracic and lumbar spine. No suspicious destructive osteolytic lesion detected. CONCLUSION There is intrahepatic biliary ductal dilatation, with suspicion of tumour recurrence at the surgical resection site in liver segment VI. Newly demonstrated solid lung nodule in the left upper lobe No evident abnormality at the colocolic anastomotic site. Multiple small volume para-aortic and pericaval lymph nodes are newly seen. May need further action Finalised by: <DOCTOR>

Accession Number: 04ff02633d5389bb5a299e6dcc1874bb332f733b0eb2fa008cc0111d6588eb2b

Updated Date Time: 05/11/2015 19:30