# Row 10884

Visit Number: 10c45bb0d39aea8467c16c6ad5735d3752117c98e37dd8089f8aebadf2183180

Masked\_PatientID: 10867

Order ID: f9767f0fc24b88b91f90e8514a80912085cdff51218d1d922a4014672cbec4c7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/1/2016 17:53

Line Num: 1

Text: HISTORY history of systemic DLBCL with CNS involvement completed chemo and autologous transplant for the CNS lymphoma For assessment of CNS lymphoma status post treatment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS PET/ CT study of 29 October 2015 and CT abdomen and pelvis study of 13 November 2015 were reviewed. There is no suspicious pulmonary nodule, mass or consolidation. Stable linear atelectasis is noted in the left lung. No pleural or pericardial effusion. There is no significantly enlarged mediastinal, hilar or axillary node. The heart is not enlarged. There is atherosclerotic calcification of the aorta and left anteriordescending artery. The liver contour is normal with no focal suspicious lesion evident. A stable tiny calcific density in the liver dome is probably a calcified granuloma. There is normal enhancement of the portal and hepatic veins. The gallbladder appears normal and the biliary tree is not dilated. The spleen, pancreas and adrenal glands are unremarkable. Both kidneys demonstrate cortical scarring with focal parenchymal calcification in the left upper pole. There are several bilateral caliceal calculi, with the largest measuring 4 mm in the left lower pole. Multiple stable subcentimetre cortical hypodensities in both kidneys are too small to characterise but possibly represent cysts. There is slightly fullness ofbilateral pyelocalyceal systems, possibly contributed by significantly distended urinary bladder. The uterus is not enlarged. The bowel calibre is normal. The stomach is collapsed and cannot be accurately evaluated. There is no significantlyenlarged intra-abdominal or pelvic lymph node. No ascites evident. Stable sclerotic focus in the right iliac bone (9-81) is likely a bone island. No focal destructive bone lesion detected. CONCLUSION There is no lymphadenopathy in the chest, abdomen and pelvis. Stable minor findings as described above. Known / Minor Jasmine Chua Ming Er , Senior Resident , 17614A Finalised by: <DOCTOR>

Accession Number: c2237985b4c281aa6d260f32b54534773dbccd1ea31539e03a367da1d1e4e7ae

Updated Date Time: 20/1/2016 20:35