# Row 11124

Visit Number: bf4d1945ae1385e723617121f887f3bf1a8643dec1a45e1c73250c45eae49fa4

Masked\_PatientID: 11114

Order ID: 4fbe81504f636f0c21e0f75b677f386a55ac375e9b4c35112e4430a2bc3bd9c6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/3/2020 15:01

Line Num: 1

Text: HISTORY fever ?source TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison to PET0CT of 23 January 2020. Interstudy differences limit direct comparison. Status post extended right hemi hepatectomy/caudectomy, radical choledechectomy, left chongio-enterostomy (27 Feb 2017, for Klatskin type 3A cholangioca). Status post low anterior resection with defunctioning ileostomy (29 April 2019, for metastatatic cholangioca), followed by reversal of ileostomy (2 September 2019). New loculated hypodense structure in the left hepatic lobe measuring 3.4 x 3.3 cm, suspicious for abscess (series 501/36). Interval increase in soft tissue centred at the hepatic hilum, now with increase intrahepatic periportal component with increased intrahepatic biliary dilatation. It is again noted to cause severe stenosis of the portal vein, abut the celiac trunk, superior mesenteric artery and inferior vena cava and pancreatic head/neck. This is suspicious for local recurrence. Grossly stable peritoneal nodules suspicious for metastasis, the largest in the presacral region measuring 1.6 cm (series 501/122). One the right hemipelvis is again closely related to a loop of small bowel, likely causing a degree of obstruction (series 503/42 - 50). Appendix is normal. Mild oedema of the stomach may represent gastritis (series 503/62). Small volume ascites. No significantly enlarged abdominal or pelvic node. Splenomegaly and splenorenal shunt, likely portal hypertension. Stable bilateral adrenal nodules the larger on the right measuring 1.1 cm, nonspecific (series 501/41). Bilateral renal hypodensities, the larger ones on the left cysts while others are too small to characterise. No hydronephrosis. Left periureteric varices. Urinary bladder is under distended. Prostate is not enlarged. No suspicious pulmonary nodule or mass. Stable 0.4 cm nodule in the left upperlobe, nonspecific (series 401/28). Stable left lower lobe perifissural density, possibly focal atelectasis (series 401/62, 405/37). Central airways are patent. No pleural effusion. No significantly enlarged thoracic node. Mild - moderate coronary artery calcification. Thoracic aorta is normal in calibre. Thyroid oesophagus are grossly unremarkable. No destructive bone lesion. CONCLUSION Since the PET-CT of 23 Jan 2020, New loculated hypodense structure in the lefthepatic lobe, suspicious for abscess. Interval increase in soft tissue centred at the hepatic hilum, now with increase intrahepatic periportal component with increased intrahepatic biliary dilatation. It is again noted to cause severe stenosis of the portal vein, abut the celiac trunk, superior mesenteric artery and inferior vena cava and pancreatic head/neck. This is suspicious for local recurrence. Grossly stable peritoneal nodules suspicious for metastasis. Report Indicator: May need further action Finalised by: <DOCTOR>

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Updated Date Time: 09/3/2020 15:57