# Row 11127

Visit Number: 45cc6856ca8b6f64927deb86f35a9be7f7de02023599a2b9456c76ef6b133fbe

Masked\_PatientID: 11114

Order ID: 6f6c97aafb2395ed4e8b4828a6369c185375e2adf53b9801073ed0a8d7bebaa8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/7/2020 13:09

Line Num: 1

Text: HISTORY Gram negative bacteremia with history of recurrent HBS sepsis and liver abscesses early this year b/g metastatic cholangioCA (Klatskin tumour) with recent left PTBD insertion in end June TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with prior CT thorax, abdomen and pelvis dated 22 May 2020. THORAX No new consolidation or suspicious pulmonary nodule is seen in the aerated lungs. Stable ground glass density noted in the left upper lobe, is non-specific (6-28). Moderate loculated right pleural effusion and small left pleural effusion are present, increased from before. Subsegmental atelectasis noted in the lingula, middlelobe and bilateral lower lobes. The trachea and major pulmonary bronchi are patent. No significant intrathoracic adenopathy is detected. Stable small volume supradiaphragmatic nodes (7-15, 19), not enlarged by size criteria. The heart size is enlarged. The major vessels are normal in size with no filling defects seen. There is no pericardial effusion. ABDOMEN AND PELVIS The patient is post extended hemi-hepatectomy/caudectomy, radical choledochectomy roux loup and left cholangio-enterostomy (2017) and low anterior resection with defunctioning ileostomy (2019) followed by reversal of ileostomy. Interval insertion of a left percutaneous biliary drainage catheter with tip located in the jejunum loop of the cholangio-enterostomy. Intrahepatic biliary dilatation has improved. Interval decrease in size of hypodense mass centred in the porta hepatis, with intrahepatic component now measuring (3.6 cm) (series 7, image 35) vs prev 4.5 cm (5-121). The mass is conglomerate with hepatoduodenal and aortocaval adenopathy, which also demonstrates interval decrease in size, measuring (2.9 cm) (series 7, image 40) from (3.7 cm) (series 5, image 127, 22/05/2020). There is stable severe attenuation of the main portal vein. Interval decrease in size of hypodense lesion in segment 3/4b, now measures (2.8 cm) (series 7, image 40) from (3.3 cm) (series 5, image 127, 22/05/2020), suspicious for metastasis. Interval resolution of previously noted abscess in the left hepatic dome (7-25 vs prev 5-109). No new suspicious hepatic lesion detected. Interval increase in nodular thickening/enhancement noted along the right peritoneum and right paracolic gutter, suspicious for disease involvement(7-31 to 67). Moderate low density ascites is seen, increased. The pancreas is unremarkable. Stable bilateral adrenal nodules, previously characterised on prior MRI abdomen of Aug 2019 to be adenomas. There is evidence of portal hypertension with associated splenomegaly and upper abdominal collaterals. Stable bilateral renal hypodensities, larger ones are cysts, the remaining too small to characterise. No hydronephrosis. The bowel anastomotic site appears unremarkable with no enhancing mass to suggest local tumour recurrence. Enhancing soft tissue thickening at the dome of the urinary bladder (7-120, 9-46) shows interval increase from before and is suspicious for metastatic deposits. The ileal loops superior to the urinary bladder appear to be tethered to this area of soft tissue thickening (9-49, 7-104). There is upstream dilatation of an ileal loop in the left lower quadrant, measuring up to 4.3 cm in diameter (9-56) with "small bowel feces" sign suggestive of stasis of bowel contents. The involved small bowel shows circumferential mural thickening and submucosal oedema, probably reactive. No pneumatosis or intraperitoneal free gas. The rest of the bowel loops are normal in calibre. No destructive osseous lesion is seen. CONCLUSION Since 22 May 2020, 1. Interval resolution of previously noted abscess in the left hepatic dome. No new suspicious hepatic lesion. 2. Interval increase in nodular thickening/enhancement of the right peritoneal lining, suspicious for tumour deposits. Interval increase in moderate ascites. 3. Increased enhancing soft tissue thickening at the dome of the urinary bladder, suspicious for metastatic deposits. The adjacent ileal loop appears to be tethered to this area of soft tissue thickening, with upstream bowel dilatation and stasis of bowel content. No pneumatosis or pneumoperitoneum. 4. Interval decrease in size of porta hepatic mass, consistent with submitted diagnosis of recurrent cholangiocarcinoma. 5. Interval decrease in size of hypodense lesion in segment 3/4b, suspicious for metastasis. 6. Interval insertion of left transhepatic percutaneous biliary drainage catheter with stable mild intrahepatic ductal dilatation. Report Indicator: May need further action Reported by: <DOCTOR>

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