# Row 11311

Visit Number: 952642292a1e867acac3dd2d334a6943a10d69fc9758b3fc616b42985b25d2ba

Masked\_PatientID: 11311

Order ID: 72afc622d4296cb17b7cc63fa1d0ee0385d9553d03fd62321271f7516b0807d7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/1/2017 13:45

Line Num: 1

Text: HISTORY T3N1M0 periampullary cancer s/p Whipples and adjuvant Gem x6months. Noted new liver nodule on MRI, Attempted FNAC but no yield. Keen for second opinion in SG. Now admitted for severe LHC pain. For restaging and assessement of pain. Has MRI liver from India dated Jul16 TECHNIQUE Contrast-enhanced CT chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is no prior imaging on PACS for comparison. CHEST: There is a massive right pleural effusion, resulting near-complete collapse of the right lung and mild leftward mediastinal shift. Only a portion of the middle lobe and right upper lobe are aerated. There are areas of nodular pleural thickening on the right side – for example, posterior right hemithorax – Se 402-72,85. A couple of small indeterminate nodules in the left lung: - 9mm nodule in the superior lingula segment of upper lobe (Se 401-50) - 5mm nodule in the apical segment of lower lobe (Se 401-53) Enlarged/prominent mediastinal nodes are seen, the largest being a pre-vascular node measuring 2.7 x 1.4 cm (Se 402-39). A few prominent supra-diaphragmatic nodes are also present, for example, a left supra-diaphragmatic node measuring 1.4 x 1.2 cm (Se 402-86). ABDOMEN AND PELVIS: Status post Whipples surgery. There are multiple enlarged nodes in the mesentery and upper retroperitoneum. A confluent nodal mass at the mesenteric root measures 3.6 x 2.6 cm (Se 501-58). Some of the left para-aortic nodes have a necrotic centre, for example – Se 501-59, the larger node measuring 1.9 x 1.4 cm. Nonspecific mesenteric stranding is seen in the left upper abdomen. Prominent right retrocrural nodes are also seen. No focal lesion is seen in the remnant pancreas. The left hepatic lobe is smaller than expected. No discrete hepatic lesion is identified. No evidence of biliary dilatation. The gallbladder has been removed. The spleen and adrenals are unremarkable. A few subcentimetre hypodensities are seen in the kidneys, presumably small cysts. There is no hydronephrosis. Partially distended urinary bladder is grossly unremarkable. Prostate is not enlarged. Small amounts of low-density free fluid in the abdomen and pelvis. A 1.5 x 0.8 cm soft tissue nodule in the left upper abdomen, abutting the splenic flexure of colon (Se 501-38) is indeterminate for a peritoneal deposit. A 0.8cm nodule in the right properitoneal fat (Se 503-48) is also indeterminate. No destructive bony lesion is detected. A 1 cm sclerotic focus in the T9 vertebra is probably a bone island. CONCLUSION Status post Whipples surgery, for a peri-ampullary cancer. 1. Massive right pleural effusion, with areas of nodular right pleural thickening, raising suspicion of pleural seeding of the tumour. Please correlate with pleural fluid cytology. Near-complete collapse of right lung and mild leftward mediastinal shift. 2. A couple of small left lung nodules, indeterminate. 3. Multiple enlarged nodes in the mesentery, upper retroperitoneum and mediastinum, suspicious for widespread nodal disease. Some of the left para-aortic nodes are necrotic. 4. No discrete lesion is seen in the liver and remnant pancreas. 5. A 1.5 x 0.8 cm soft tissue nodule in the left upper abdomen, abutting the splenic flexure of colon is indeterminate for a peritoneal deposit. May need further action Uppaluri Srinivas Anandswaroop , Associate Consultant , 14247F Finalised by: <DOCTOR>

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