# Row 11325

Visit Number: 7ed84d0d904556f52c93703e7a97b48556b395c77013c49cb4e20500a5b80289

Masked\_PatientID: 11311

Order ID: ab717c06a221872957943aeac17d2eed61bcb097cdf89540a7a5b21a7a4ba40e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/6/2017 18:48

Line Num: 1

Text: HISTORY metastatic ampullary carcinoma (moderately differentiated adenocarcinoma) with malignant pleural effusion, left lung nodules, mediastinal and retroperitoneal lymphadenopathy to look for radiological progression of disease (currently admitted for cardiac tamponade likely from malignant effusion s/p d TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the previous CT chest, abdomen and pelvis dated 09/03/2017 CT chest There are two borderline enlarged prevascular lymph node that has increased in size from approximately 4 mm to 11 mm in short axis diameter (402 – 30, 33 vs previous 5-63, 5-68 respectively). The right hilar node has also increased in size from approximately 7 mm to 13 mm. The other mediastinal nodes are also more prominent compared to previous study though remain subcentimetre in size. The right pleural effusion has significantly reduced in size. There is widespread right pleural nodularity and thickening of the fissures suspicious for metastases, the appearances are grossly similar compared to before. There is new density in the right lower lobe in keeping with previous pleurodesis. Atelectasis is also noted in the right middle and lower lobe. There is a 7mm ground-glass nodule in the left lung (401 - 46), suspicious for metastasis. A small left pleural effusion with adjacent compressive atelectasis is alsonoted. There is a new small to moderate pericardial effusion. The mediastinal vessels and the cardiac chambers shows normal enhancement otherwise. CT abdomen and pelvis Status post Whipples surgery with expected pneumobilia. The remnant pancreas appears unremarkable with stable prominence of the pancreatic duct. Multiple enlarged retroperitoneal and mesenteric lymph nodes are again noted and some of these have increased in size for example the perigastric node has increased in size from 9 x 12 mm to 19 x 16 mm (601 - 44 vs previous 5-146), the other lymph node adjacent to the SMA has also increased in size from 10 x 14 mm to 17 x 21 mm (601 – 59 vs previous 05-159). The previously described conglomerate nodal mass at the mesenteric root appears grossly stable or smaller. No enlarged pelvic lymph nodes. The nodule anterior to the bladder has increased in size from 3mm to approximately 7 mm (601 – 140 vs previous 5-23). The other peritoneal nodules suspicious for metastases are again demonstrated and are grossly stable in size, for example the nodule anterior to the spleen (601 – 53), right para colic gutter (60 1-102, 601-87). There is an ill-defined hypodensity area in the left lobe of the liver (601 – 36), suspicious for a probable underlying lesion. No other suspicious areas demonstrated. The spleen, both adrenal glands and kidneys appear unremarkable save for a 1.1 cm hypodensity in the superior pole of the right kidney which probably represents a cyst. No hydronephrosis. The remaining small and large bowel are of normal calibre. No free gas. There is a moderate amount of ascites which has increased. No aggressive bony lesions demonstrated. The sclerotic focus in T9 probably represents a bony island. CONCLUSION 1. The size of some of the mediastinal and abdominal lymph nodes has increased as described above with a new subtle ill-defined hypodensity area in the left lobe of the liver suspicious foran underlying lesion. The overall appearances are suggestive of progressive disease. 2. There is a 7mm ground-glass nodule in the left lung suspicious for metastasis that has increased in size compared to previous study. A small left pleural effusion with adjacent compressive atelectasis is also noted. 3. There is a new small to moderate pericardial effusion. May need further action Finalised by: <DOCTOR>

Accession Number: 54c850824e30f64187752d5f1f60a65272156385deac28c23c0baaa0f2c59433

Updated Date Time: 03/6/2017 12:38