# Row 11315

Visit Number: 952642292a1e867acac3dd2d334a6943a10d69fc9758b3fc616b42985b25d2ba

Masked\_PatientID: 11311

Order ID: 25d2666f160b66870089c2d81c87b009102d77d449647093de4268b9c16a59d9

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/1/2017 14:45

Line Num: 1

Text: HISTORY metastatic ampullary Ca with massive malignant right pleural effusion s/p drainage TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the last CT scan of the 2 January 2017. There has been interval drainage of the massive right pleural effusion. Persistent moderate right pleural effusion with adjacent atelectasis is noted. Multiple nodular areas of pleural thickening are noted on the right side. Sliver of left pleural effusion is noted. Multiple mediastinal lymphadenopathies are noted in the prevascular, aortopulmonary, paratracheal, subcarinal, para-oesophageal, right hilar, supradiaphragmatic regions and along the descending thoracic aorta. The large right hilar lymph node measures upto 25 x 21 mm. The mediastinal vessels opacify normally. Few prominent right supraclavicular there is also noted. No significantly enlarged axillary or supraclavicular lymph node is detected. Few pulmonary nodules are noted; 8 x 6 mm in middle lobe (Im 5/61), 6 x 4 mm in right lower lobe (Im 5/65), 7 x 6 mm in left upper lobe and 7 x 6 mm (Im 5/60) and in left lower lobe (Im 5/79). The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase demonstrate multiple retroperitoneal lymphadenopathy. Omental fat stranding and nodularity have progressed since the prior study. Ascites and peritoneal thickening are noted. No destructive bony process is seen. CONCLUSION Persistent moderate right pleural effusion and sliver of left pleural effusion. Multiple nodular areas of pleural thickening and mediastinal lymphadenopathy are suspicious for metastases. Retroperitoneal adenopathy in visualised upper abdomen. Omental fat stranding and nodularity have progressed since the prior study and suspicious for metastases. Few pulmonarynodules are suspicious for metastases. May need further action Finalised by: <DOCTOR>

Accession Number: 710be19086480246dc2789651b57d9164aba7846d052efa7dcea957303d49561

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