# Row 11651

Visit Number: c1c49eedef046bbe7fab55031edb63391e3eb923ac3b606a3ca16f753e669015

Masked\_PatientID: 11649

Order ID: 0668c512f9a7293cb826b0d9dbe33eb785b3801203a9ae04dfadce0eb5874a75

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 16/3/2015 13:14

Line Num: 1

Text: HISTORY Mantle cell lymphoma for restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS There is degradation of image quality from respiratory motion artefacts, hence limiting assessment. Reference is made to the prior PET-CT of 22/7/14, and the CT chest, abdomen and pelvis of 27/3/14. No significantly enlarged axillary, supraclavicular, mediastinal or hilar lymph node is detected. Aberrant right subclavian artery is noted. Atherosclerotic coronary arterial calcifications are noted. There is no pericardial or pleural effusion. New multiple pulmonary nodules / masses are detected in both lungs, the two largest masses located in the left lower lobe measuring 3.7 x 3.0 cm (se 4, image 65) and 3.0 x 2.3 cm (se 4, image 63) respectively, suspicious for lymphomatous infiltrates. New tiny “tree-in-bud” nodularities are detected in the right upper lobe (se 4, image 38), likely infective / inflammatory in origin. A tiny hypodensity in segment 6 of the liver is largely stable since the prior CT of 27 March 2014, and remains too small to accurately characterise (se 8, image 49). The hepatic veins and portal veinsare patent. The gallbladder is collapsed. The biliary tree is not dilated. The spleen, pancreas, adrenal glands and kidneys are unremarkable. The patient is status post right hemicolectomy. The anastomotic sites are unremarkable. The small and large bowel loops are fluid-filled, with several small bowel loops appearing mildly dilated with no definite transition point. Clinical correlation as to the possibility of underlying ileus is suggested. The urinary bladder is unremarkable. The prostate appears slightly bulky. No free intraperitoneal fluid or gas is seen. No significant intra-abdominal or intra-pelvic adenopathy is appreciated. No destructive bony lesion detected. CONCLUSION Since the prior PET-CT of 22/7/14, 1.New multiple pulmonary nodules / masses are detected in both lungs, the two largest masses located in the left lower lobe, suspicious for lymphomatous infiltrates. 2.New tiny “tree-in-bud” nodularities are detected in the right upper lobe, likely infective / inflammatory in origin. 3.No evidence of significant adenopathy appreciated within the chest, abdomen and pelvis. 4.Subcentimeter hypodensity in segment 6 of the liver is stable since the prior CT of 27/3/14 and remains too small to accurately characterise. 5.Status post right hemicolectomy. The anastomotic sites are unremarkable. 6.Fluid-filled small and large bowel loops, with several small bowel loops appearing mildly dilated with no definite transition point. Clinical correlation as to the possibility of underlying ileus is suggested. (Reviewed with Dr Htoo MM.) Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 0dc0848b1b0abfe2ae95daf3d7c51e7a2a750cc2abe8c3ba6b63ce1caa8b04d9

Updated Date Time: 16/3/2015 15:22