# Row 11815

Visit Number: 2ab863573e2a2bbe5921e84d3315376a4dbd4dbbd70c226fb621b923a5c839ce

Masked\_PatientID: 11809

Order ID: e21db5d797ce14e7c516a49334f8a043c2ad33ea2367c2c02f159f93910e63a8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/4/2017 13:29

Line Num: 1

Text: HISTORY ALK neg Anplastic large cell lymphoma s/p #3 CHOP Recent meningocephalitis possible related to recent human metapneumoviral infection For restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior CT study of 31 December 2016 and PET/CT study of 13 January 2017 were reviewed. CHEST Interval new patchy mix of ground glass opacities and consolidatio in both lower lobes may represent an infective or inflammatory aetiology. Patchy subsegmental atelectasis in both lungs are noted. The major airways are patent. There is interval resolution of the right supraclavicular adenopathy. Interval resolution of the previously noted mediastinal adenopathy in the paratracheal and prevascular regions with residual stranding are also noted. No enlarged hilar node is detected. Heart is not enlarged. No pericardial or pleural effusion is seen. The thyroid is unremarkable.Bilateral gynaecomastia are present. Stable mass-like thickening in the distal oesophagus just proximal to the gastro-oesophageal junction with internal hypodensities is seen (7-14). ABDOMEN & PELVIS Presence of motion artefacts significantly degrade image quality. The liver and spleen are grossly unremarkable. The previously noted tiny hepatic hypodensities and splenic subcapsular enhancing focus are not seen on current study possibly due to image degradation. The gallbladder is unremarkable. Biliary tree is not dilated. The pancreas, adrenal glands and kidneys unremarkable. Bowel loops are normal in calibre and distribution. Uncomplicated colonic diverticula are most prominent in the sigmoid colon. The previously noted focal mural thickening in the proximal jejunum cannot be assessed on current study due jejunal underdistension. There is no free intraperitoneal gas or ascites. No enlarged abdominopelvic node is seen. Interval resolution of the mesenteric adenopathy is noted. The aorta is not dilated. An indwelling urinary catheter is noted in situ within the urinary bladder with an intravesical gas pocket likely related to catheterisation. Prostate gland is not enlarged. No destructive bony lesion is seen. Images were reviewed with Dr Shoen Low. CONCLUSION Since the prior CT study of 31 December 2016 and PET/CT study of 13 January 2017, Interval resolution of the right supraclavicular adenopathy. Interval resolution of the mediastinal adenopathy. Stable mass-like thickening in the distal oesophagus. Interval resolution of mesenteric adenopathy. The previously noted focal mural thickening in the proximal jejunum cannot be assessed on current study due jejunal underdistension. Otherwise, no evidence of distant disease in the abdomen and pelvis. Patchy mix of ground glass opacities and consolidation in both lower lobes may represent an infective or inflammatory aetiology and raises the possibility of aspiration pneumonitis. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 836516f10d2ad74af38545b60ba4fac7ab17e8f42b84098e07a8f33060de3ff0

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