# Row 11927

Visit Number: 7c917fdc9788ab62391b048c74d44983d8451b1a6e6d0919191df69cc96aa233

Masked\_PatientID: 11923

Order ID: c7e146ce8a2feec01f58508ef30140057330f6b05f2960ecd2355d9ed37cdf7b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/2/2017 21:00

Line Num: 1

Text: HISTORY mets rectal ca TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Done with prior CT study dated 18/01/2017. The mediastinal vasculature appears unremarkable.No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. The trachea and main bronchi are patent. Minimal scarring is noted in the right middle lobe. Mnimal linear atelectasis in the bilateral lower lobes is present. No suspicious pulmonary nodules, ground-glass changes or focal areas of consolidation. No evidence of pericardial or pleural effusion. The patient is status post Hartmann's procedure with stable thickening of the rectum. The ileostomy is noted in the left iliac fossa. Bowel calibre appears unremarkable. The ascites particularly in the upper abdomen shows slight interval worsening. The nodular stranding fat stranding in the right subhepatic space is also worsened (501/62) is 3/41).The urinary bladder is nondistended and suboptimal for evaluation. The uterus appears enlarged with prominent endometrium and bulky cervix as before. The large solid cystic mass posterior to the uterus in the region of the adnexa approximately measuring 9.7 x 4.3 cm (previously 9 x 4 cm), image 501/104 vs prior 3/62 is grossly unchanged. Bilateral tubal ligation clips are present. Small cyst is noted in the segment VIII of the liver, also seen previously. The portal and hepaticveins demonstrate normal contrast opacification. Gallbladder is partially distended. No evidence of intra or extrahepatic biliary ductal dilatation. The spleen, pancreas, adrenals appear unremarkable. The right hydronephrosis with percutaneous nephrostomy tube shows interval worsening. The marked left hydronephrosis with renal cortical thinning also shows interval worsening. Mildly enlarged left para-aortic lymph nodes measuring up to 1 x 0.8 cm (501/65) are stable. The nodularity noted in the inferior and ventral abdominal scar (501/99 vs 3/59 is stable. CONCLUSION There is the prior study dated 18/01/2017. There is interval worsening of the bilateral hydronephrosis. Interval worsening of the ascites and sub hepatic nodular mesenteric fat stranding suspicious for peritoneal deposits. Stable mass posterior to the uterus in the adnexal region suspicious for ovarian deposits. Other stable minor findings. May need further action Reported by: <DOCTOR>

Accession Number: 7ebc0eec41a3ccc6f3f82351573d52b5f1603e610495fa2b36e29c23ea025ed0

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