# Row 12166

Visit Number: 435f97e700404f3687ff9013491b7fbe92b7fe8d904714e388820c6e7732dbb7

Masked\_PatientID: 12160

Order ID: 2ec19b178339306afb6a4eafbb9e96c9c849c454ac176629c5993b1f007d0e66

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 08/12/2015 10:22

Line Num: 1

Text: HISTORY Chronic Hep B, history of recurrent HCC, no residual disease seen on last scan in late August 2015, on transplant waiting list TECHNIQUE Contrast-enhanced CT of the thorax. CT of the abdomen in the pre-contrast, arterial, portal venous and delayed phases of the liver. Intravenous contrast: Vispaque 270 - Volume (ml): 95 FINDINGS Comparison is made with the CT of 28 August 2015. There is new development of multiple hypervascular nodules in the remnant left hepatic lobe. The largest is immediately inferior to the treated tumour in the subcapsular aspect of segment 4 and measures 3.0 x 2.9 cm (series 6 image 17). There are other multiple smaller hypervascular nodules in the remnant left hepatic lobe, the largest measuring 1.4 x 1.1 cm and located in the subcapsular aspect of segments 2/3 (series 6 image 24). The portal vein and its left branch opacify normally. The zones of RF ablation in the left lobe show no evidence of localtumour progression. The largest of the ablation zones measures 2.3 x 1.9 cm and is located in the subcapsular aspect of segment 3 (series 12 image 29). Several of these ablation zones show uptake of Lipiodol, representing previous TACE. The patient is post-right hemihepatectomy. No hypervascular mass is identified at the resection margins to suggest local tumour recurrence. The liver itself shows evidence of cirrhosis, with a nodular outline. The spleen is mildly enlarged, measuring 13.3 cm in maximum dimension. There are oesophageal and gastric varices. The patient is post-cholecystectomy. There are again mildly dilated bile ducts in segment 2, possibly due to thermal injury to the biliary tree during RF ablation. The pancreas and left adrenal gland are unremarkable. The small nodules in the right adrenal gland are unchanged. The right kidney shows a small cyst in its upper pole. The left kidney is unremarkable. There is no hydronephrosis. The bowel appears normal. No enlarged lymph node is detected. There is no ascites. In the thorax, there new development of several subcentimetre pulmonary nodules in both lungs, the largest measuring 9 mm and located in the left lower lobe (series 9 image 81). These are suspicious for pulmonary metastases. Mild paraseptal emphysema is seen in the right lung apex. No enlarged lymph node is seen in the mediastinum and pulmonary hila. There is no pleural or pericardial effusion. The patient is post-CABG. No skeletal metastasis is detected. CONCLUSION There is new development of multiple hypervascular nodules in the liver, highly suspicious for multifocal HCCs. New development also of several subcentimetre nodules in the lungs, suspicious for pulmonary metastases. May need further action Finalised by: <DOCTOR>

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Updated Date Time: 10/12/2015 16:14