# Row 12160

Visit Number: 36e67211d32aa4f6793a5f5e59c00d98485c0890674b0398f7c377dbffe76a35

Masked\_PatientID: 12160

Order ID: eaeb9f8e399258dbc20200553746b234f192d1b49242b5a3f96bdd30ed6e6872

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 16/7/2015 11:39

Line Num: 1

Text: HISTORY Multifocal recurrent HCC - s/p right hepatectomy in 2010 for segment 4,5, and 8 HCC - s/p RFA for recurrence in segment II in 2/11/12, 27/1/15 - s/p multiple TACEs (x3) in 21/6/13, 27/12/13, 17/3/14, 24/11/14 s/p percutaneous alcohol ablation 22/4/15 -s/p TACE 17/6/15 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made to previous CT chest dated 31 March 2015 and CT liver 20 May 2015. There is a new 3 mm nodule along the right oblique fissure in the lower lobe, of nonspecific nature (image 7/51). Follow-up is suggested. No other pulmonary nodule is detected. There is no consolidation or collapse. There is no pleural or pericardial effusion. No significantly enlarged mediastinal or hilar lymph node is detected. Status post right hemihepatectomy, cholecystectomy and previous RFAs of segment 2. There is interim TACE with multiple foci of sequestrated Lipiodol. Of note, the lesion in segment 4 at the resection margin containing Lipiodol shows arterial enhancement, suspicious for residual/recurrent HCC (image 5/24). Similarly, one of the lesion in the caudate lobe also shows suspicious arterial enhancement, measuring approximately 0.9 cm, also suspicious for residual/recurrent HCC (image 5/27). The tiny focus of Lipiodol in segment 3 shows tiny adjacent arterial enhancement with no definite washout (image 5/30). This is of indeterminate nature and follow-up is suggested to exclude developing HCC. There is also a 1 x 0.8 cm focus of arterial enhancement in the subcapsular region of segment 3 with equivocal washout (image 5/34). HCC cannot be excluded and attention on close follow-up is advised. The remnant hepatic vessels are patent. Para-oesophageal varices and mildly prominent spleen are noted, suggestive of portal hypertension. The pancreas, left adrenal gland and kidneys are unremarkable save for stable small renal cysts. Stable right adrenal nodules are noted. No ascites is seen. No significantly enlarged intra-abdominal lymph node is detected. The visualised bowel loops are grossly unremarkable. CONCLUSION 1. The lesion in segment 4 at the resection margin and a lesion in segment 1 show arterial enhancement, suspicious for residual/recurrent HCC. 2. The focus of Lipiodol in segment 3 shows tiny adjacent arterial enhancement with no washout, of indeterminate nature. Follow-up is suggested. 3. 1 x 0.8 cm focus of arterial enhancement in segment 3 with equivocal washout, also of indeterminate nature. HCC cannot be excluded and follow-up is advised. 4. New 3 mm perifissural nodule along the right oblique fissurein the right lower lobe, of indeterminate nature. Follow-up is advised. Further action or early intervention required Finalised by: <DOCTOR>

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