# Row 12164

Visit Number: 29b938da46cf3eab45d0b615255d31688642fba4b7b4f2ba46d05af98b4df48e

Masked\_PatientID: 12160

Order ID: 38369f26822606e6509083f568316fa99d9978d5005f24d590edff892ac98012

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 31/3/2015 15:25

Line Num: 1

Text: HISTORY Hep B Multifocal recurrent HCC s/p right hepatectomy S/p multiple TACE, percutaneous alcohol ablation Recent RFA to segment II lesion TECHNIQUE Contrast enhanced CT scan of the thorax and triphasic liver CT performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the CT liver of 28 Jan 2015 and CT Thorax of 26 Nov 2014 CHEST There is no suspicious pulmonary nodule, consolidation or ground glass change in the lungs. A couple of right apical subpleural blebs are noted. There is no pleural effusion. Stable small volume mediastinal nodes noted. There is no enlarged mediastinal, hilar or axillary node. The trachea and large airways are patent. The mediastinalvasculature is unremarkable. The heart is not enlarged. There is no pericardial effusion. Median sternotomy wires and mediastinal clips are compatible with prior coronary artery bypass grafting (CABG). There is no destructive bony lesion. ABDOMEN The patient is status post right hemi-hepatectomy with compensatory hypertrophy of the left and caudate lobes. Nodular contour of the liver is compatible with cirrhosis. Prominent perigastric varices are present. There is no free intraperitoneal fluid seen. Hypodense area in segment II is smaller and less dense, compatible with expected evolution of radiofrequency ablation (RFA) site. There is no focus of arterial enhancement to suggest residual tumor around this RFA site. Previous RFA sites noted at the lateral margin of segment II and segment IVB are stable with no evidence of recurrent tumor. Scattered foci of lipoidol uptake are noted in the liver, compatible previous trans-arterial chemo-embolisation (TACE). Several foci of arterial enhancement are detected in the liver as detailed below: 1. In segment IVB at the resection margin, which is slightly larger on the current scan, measuring 1.2 x 0.8 cm. There is wash out on the subsequent phases (6-22, 14-22). This is suspicious for hepatocellular carcinoma (HCC). 2. In segment II superiorly, next to the focus of lipoidol uptake at the periphery (6-13, 12-12). It is also slightly more prominent, now measuring 0.6 x 0.5 cm with washout on the venous phase. This is suspicious for HCC. 3. In the caudate lobe, stable, measuring 0.7 x 0.6 cm with wash out on the venous phase (6-21, 12-22). This is suspicious for HCC. 4. In segment IVA; superior and peripheral. It is more prominent, measuring 1.0 x 0.9 cm (6-12) without definite washout. It is indeterminate. 5. In the caudate lobe periphery near the IVC, stable from before. It measures 0.7 x 0.5 cm (6-25). It does not show definite washout and is indeterminate. 6. In segment III which is wedge shaped and peripheral without definite washout. (6-31). This probably represents a perfusion anomaly. Stable subcapsular hypodensity in segment three, nonspecific (2-33, 6-33, 14-33) Two subcentimeternodules arising from the lateral limb of the right adrenal gland are are stable in size and appearance from CT of 12 Oct 2012. The more superior nodule measures (<10HU) on the unenhanced scan, compatible with a lipid rich adenoma. The other nodule cannot be characterised on this study. Stable subcentimeter hypodensities in both kidneys are too small to characterise. Previous cholecystectomy. Stable mild dilatation of the segment II bile duct. The pancreas, spleen and left adrenalgland are unremarkable. The visualised bowel loops are normal in calibre. There is no significantly enlarged abdominal lymph node. No destructive bony lesion is seen. CONCLUSION Comparison made with the CTs of 28 Jan 2015 and 26 Nov 2014. Status post right hemihepatectomy with multiple previous RFA and TACE procedures. 1) Foci of hepatic arterial enhancement in segments I, II, and IVB show washout and are suspicious for recurrent HCC. 2) Foci of arterial enhancement in segment I (periphery) and segment IVA do not demonstrate definite washout and are indeterminate. 3) Most recent segment II RFA site shows expected post ablation changes with no evidence of residual tumor. Further action or early intervention required Reported by: <DOCTOR>

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