# Row 12203

Visit Number: 7a19644445b031cb278970d87ce6b64129ba9b78b1599ec12a65c769805b4ff9

Masked\_PatientID: 12196

Order ID: 1afcfd930981f6956f958ebd6a61af8ac352dd3617d858e699ff49ec88a929a5

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/10/2017 12:16

Line Num: 1

Text: HISTORY ca supraglottis t3n2bm0 s/p total laryngectomy and bilateral neck dissection 30/5/17 and adj RT completed 24/8/17 new b/l pulmonary nodules on CXR for ix TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with CT of 4/5/2017. Note is made of CXR of 11/10/2017. Status post prior thyroidectomy and recent laryngectomy and bilateral neck dissection. There is interval tracheostomy, with the tip 38mm from the carina. Numerous new nodules bilaterally are suspicious for lung metastasis, the largest of which measures 25 mm in basal left lower lobe. No confluent consolidation or patchy ground-glass changes noted. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Right gynecomastia is noted. No pleural effusion is noted. Sliver of pericardial effusion is again present. Heart size is not enlarged. Mediastinal vasculature enhance normally. No suspicious focal hepatic lesion detected. Stable segment 4a liver cyst is again seen. Portal and hepatic veins enhance normally. Few uncomplicated gallstones are present. No biliary obstruction discerned. The pancreas, spleen, adrenals, kidneys, urinary bladder, seminal vesicles and prostate are unremarkable. There is slight thickening and mucosal hyper enhancement noted along the proximal duodenum (501-39, 503-42) with minimal adjacent stranding, likely inflammatory in nature. No free air or collection seen. Rest of the bowel shows no focal mass or abnormal thickening. No enlarged nodes or ascites is present. No destructive bony lesion is seen. CONCLUSION Since last CT of May 2017, 1. Interval laryngectomy and bilateral neck dissection. Please also refer to the separately reported CT neck for further details. 2. New extensive lung metastasis bilaterally. 3. No metastasis noted in the abdomen and pelvis. 4. Mild thickening of the proximal duodenum may be due to inflammation or peptic ulcer disease. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 58865bd85b5b3988199350816a6ebaad60c6201004f6dfec97a1783b09b7b917

Updated Date Time: 13/10/2017 14:03