# Row 12508

Visit Number: 91ac6ac8f38de6c413232fbd32ecee35970ead2276228d1e87a8ee67382d33f2

Masked\_PatientID: 12497

Order ID: e9c4ede41cf4fc2bf1e8ccb1ccbfc5f20a9da0abd2140e5312a714ef489a13f8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/5/2016 23:06

Line Num: 1

Text: HISTORY yolk sac tumour, now presenting with acute abdo distension, BNO for past 3 days, known to have rectal obstruction, rectal exam showed palpable anterior wall mass ?rapid PD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior CT abdomen pelvis dated 22/04/2016 was reviewed. There is gross amount of left-sided pleural effusion, increased compared to previous study. The number of atelectasis of the left lower lobe is also observed. The right-sided pleural effusion is reduced. Minimal right basilar atelectasis is also seen. No suspicious focal lesion in the aerated lung. The central airways are clear. No enlarged mediastinal, axillary lymph nodes. No evidence of pericardial effusion. The mesenteric deposits, peritoneal nodules, diffuse soft tissue thickening along the peritoneal lining including in the pelvis, paracolic gutters are noted - significantly increased compared to previous scan. Large loculated ascitic fluid collection is noted in the central abdomen. This is suspicious for worsening of the peritoneal disease. The ascites in the periphery is mildly reduced compared to previous study. Small bowel loops are dilated with fluid and gas suggesting some degree of intestinal obstruction due to adhesions. The rectum is not separately seen from the peritoneal disease. The sigmoid colon is inseparable from the deposit in the mesocolon/ mesentery. The inferior margin of the liver is irregular from the deposits. There is a hypodense nodule within the liver parenchyma, in the segment five (501/64, 503/54) suspicious for metastasis. No radiopaque gallstone or biliary dilatation. The spleen, adrenal glands and pancreas are unremarkable. The bilateral kidneys demonstrate mild hydronephrosis likely due to ureteric involvement. The bladder is empty. No bony destruction is detected. CONCLUSION Since the previous scan of 25/05/2016, 1. There is worsening of the peritoneal disease. The omental and mesenteric nodules are also enlarged. There is prominence of the small bowel loops suggesting some degree of obstruction. 2. New hypodense focal nodule notedin the liver suspicious for metastasis. 3. New bilateral mild hydronephrosis are noted likely due to ureteric involvement. 4. Left-sided pleural effusion or atelectasis are worsened while slightly reduced on the right side. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: a5faa590db57eba2d2290daf4b88a4f17924e5b0bb5955135afbcc5f1343751d

Updated Date Time: 27/5/2016 0:47