# Row 12768

Visit Number: 9dc6c7e74f74e4b07d9fadedceba3103f6b8f65294a752a25f758335716ddacd

Masked\_PatientID: 12765

Order ID: 4eee964562b9294cc4f609082b41075490eb0e1697c45ca156727835ac0da4ef

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/1/2017 12:40

Line Num: 1

Text: HISTORY Multiple myeloma, repeat CT NTAP to look for disease improvement TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made to previous CT dated 26 November 2016. The previous bilateral extrapleural masses show interval resolution. For example, comparing previous image 502/52 with current 402/51. The previous focal nodule between the right 8th and 9th rib is also no longer seen,comparing previous image 502/56 with current 402/56 58. Similarly, the previous enhancing soft tissues in the bilateral paravertebral region from T8-11 levels have also significantly improved comparing previous image 502/72 with current 402/73. No significantly enlarged mediastinal or hilar lymph node is detected. Previous pleural effusions have resolved. There remains sliver of pericardial effusion. The previous consolidation in the left lower lobe and centrilobular nodules inthe right upper lobe have resolved. There are however now new tiny centrilobular nodules with tree-in-bud appearance in the anterior segment of the left upper lobe, suggestive of small airway inflammatory/infective change (for example image 401/30). There is also a new subpleural nodule in the right lower lobe, measuring 1 cm (image 401/73). This is of indeterminate nature, of which myelomatous deposit cannot be excluded. Similarly, the previous multiple enhancing soft tissues in the retroperitoneum, namely in the perinephric spaces (left more than right), posterior pararenal spaces and right psoas muscle, show almost interval resolution with mild residual fat stranding noted. The previous enhancing nodules in the mesentery and perirectal region have also improved significantly with mild residual fat stranding. No significantly enlarged intraabdominal lymph node is detected. The liver shows ill-defined hypodensity in segment 7/6, largely unchanged (for exampleimage 501/27). The hepatic vessels are patent. The gallbladder is unremarkable and the biliary ducts are not dilated. The spleen is enlarged, measuring about 14.2 cm in AP diameter. No focal lesion is noted. The pancreas, adrenal glands and kidneys are unremarkable, save for a stable left upper pole cyst. There is no hydronephrosis. The bowel loops are grossly unremarkable. Prominent prostate gland noted. The urinary bladder is unremarkable. Widespread bony lytic lesions are again noted, in keeping with known multiple myeloma, largely unchanged. CONCLUSION Since CT 26/11/16, there is overall marked interval improvement of tumour disease: 1. The previous extensive enhancing soft tissue masses in the retroperitoneum, mesentery and psoas muscles show almost complete resolution with mild residual fat stranding. 2. The previous bilateral thoracic extrapleural and lower paravertebral enhancing soft tissues also show almost complete resolution. 3. There isa new 1 cm subpleural nodule in the right lower lobe, of indeterminate nature. 4. There are also new tiny centrilobular nodules in the left upper lobe, suggestive of inflammatory/infective change. The previous left lower lobe consolidation and right upper lobe centrilobular nodules have resolved. 5. The vague hypodensities in segment 7/6 of the liver are largely unchanged 6. Largely stable widespread bony lytic lesions. May need further action Finalised by: <DOCTOR>

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