# Row 12767

Visit Number: 3315edfc10c49fd8985931b23069d63ababc37325772f199d2afcfb237fb8b12

Masked\_PatientID: 12765

Order ID: a12203120d0d07143841de4d9a6f7dcd5c1e9afc8c9fe16d75ab7ebd4f826b01

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/11/2016 11:02

Line Num: 1

Text: HISTORY Multiple Myeloma IGg post day 9 chemo with fluid overload and ascites USG ( abd) showed 7 cm hypoechogenic lesion between spleen and kidney which is new compared with previous scan TRO maliganat lesion ? TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Abdomen and pelvis There is extensive soft tissue in the left perirenal space. Some of which is seen surrounding in the left kidney. Marked nodular changes are also seen elsewhere within the perinephric fat as well as in the extrarenal fat. Large confluent enhancing masses are present within the right psoas muscle. The left psoas muscle also shows some ill-defined enhancementwith extension into the iliacus muscle. The abdominal mesentery contains multiple ill-defined nodular areas of enhancement with some thickening of the peritoneum particularly within the para colic gutters adjacent to the kidneys. Nodular masses are present in the perirectal fat. There are also nodular enhancing mass lesions at the para-aortic region of the descending thoracic aorta and adjacent to the left internal iliac and external iliac veins. Para vertebral soft tissue is seen in the lower thoracic spine. Enhancing nodular density is present at segment VI of the liver and there are poorly defined hypodense areas that are visible on the portal venous phase (series 502 image 97). These lesions are subsequently not well visualised on the delayed phase images. The spleen is not enlarged measuring approximately 14 cm. The bowel shows no evidence of dilatation or thickening. Extensive lucent bony lesions are present compatible with the history of myeloma. Thorax Scans of the chest shows an area of consolidation with atelectasis at the anterior segment of the left lower lobe. This lesion is associated with some atelectasis of the pulmonary parenchyma. Small ill-defined areas of parenchymal opacification are present in the right upper lobe (series 501 image 38) and a tiny ground-glass opacities are present within the apical segment of the right lower lobe (series 501 image 29).These ground glass lesions are indeterminate. No overtenlargement of the mediastinal lymph nodes is detected. There are bilateral extrapleural mass lesions, particularly at the right hemithorax adjacent to the 8th intercostal space. There are large para vertebral masses which are seen extending from T11 up to the level of the T8 vertebral bodies. CONCLUSION Large tumour masses are present in the thorax, abdomen and pelvis. These involve the peritoneal cavity, para vertebral soft tissue, skeletal muscles and possibly the left lower lobe lung parenchyma. Multiple bony lytic deposits are also identified. The soft tissue mass lesions were not present on the CT scan of 20 August 2016. May need further action Finalised by: <DOCTOR>

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