# Row 12819

Visit Number: 60a579faeb5234f10c4db740c29d7ebaf30c1fb94015bb217cbd870c4db13580

Masked\_PatientID: 12819

Order ID: 690a825097c9a5799b510f6e1c67448eeae74d0aeb75adf38dea5536006fbe9c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/5/2017 18:33

Line Num: 1

Text: HISTORY Fever 2/52 with chills and rigors, ++ lymphadenopathy for multiple sites above and below diaphragm for ix (based on PET CT scan from China) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous relevant imaging available for comparison. Thorax: There are small to mildly enlarged nodes in the left supraclavicular, bilateral axillary, internal mammary and mediastinal groups. The larger nodes measure - 1.7 cm in short axis in the left supraclavicular fossa (image 602-6) - 1.2 cm in short axis in the the right axilla (image 602-18) - 6 mm in short axis in the right internal mammary region (image 602-39) - 9 mm in short axis in the right superior paratracheal groups (image 602-24) - 2.6 x 0.9 cm right lower paracardiac node (image 602-71) and 1.9 x 1.3 cm node in the right para caval region in the supradiaphragmatic location (image 602-67) The cardiac chambers are normal in size. There is no pericardial effusion. There are bilateral small pleural effusions with passive subsegmental atelectatic changes in the adjacent lung. No suspicious focal pulmonary nodule or consolidation is evident. The trachea andmain bronchi are clear. Abdomen and pelvis: The liver is normal in size. There are numerous ill-defined hypodense lesions in both lobes of the liver, the largest in segment II measures 3.3 x 2.3 cm (image 701-16). There is mild periportal oedema. The portal and splenic veins are patent. The biliary tree is not dilated. The spleen is at the upper limit of normal but no focal lesion is detected. The kidneys are normal in size with symmetrical enhancement of the parenchyma. No focal renal lesion or hydronephrosis seen. The adrenal glands and pancreas are unremarkable. Multiple enlarged lymph nodes are present in the gastrohepatic, periportal, portacaval, para-aortic, aortocaval and paracaval group of nodes. The largest confluent nodal mass in the left para-aortic region partly encasing the aorta approximately measures 6.6 x 3.5 cm (image 701-59). There are bulky nodes involving bilateral external iliac groups, the largest measuring 1.6 cm in short axis in the right external iliac region (image 701-116). Further small volume nodes are seen in the common iliac and inguinal regions bilaterally. The small and large bowel loops are grossly unremarkable. The urinary bladder shows no focal mass. The uterus is enlarged with a lobulated outline containing multiple nodular lesions of varying densities in keeping with fibroids. There is a large calcified in the posterior aspect of the uterus measuring 5.6 x 6.7 cm which could represent further involuted fibroid. There is no ascites. No focal destructive bony lesion detected. CONCLUSION Generalised lymphadenopathy involving multiple groups above and below the hemidiaphragms as described. The largest confluent mass is seen in the left para-aortic region. Numerous suspicious hypodense hepatic lesions. The main diagnostic consideration is lymphoma given the overall appearances. Bilateral small pleural effusions. May need further action Finalised by: <DOCTOR>

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