# Row 12885

Visit Number: 7852a1404d5a854bff7f089540c85133ff9096d9acd8007d53b681ea6f7db833

Masked\_PatientID: 12876

Order ID: c4ec6ce06128f52027cef63b88cec5b48b0e2e0c0156a5235d3fc63b502a1f76

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 16/11/2018 14:29

Line Num: 1

Text: HISTORY Rt RCC, ? Mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS No comparison CT available. Note is made of US of 1/11/2018. ABDOMEN AND PELVIS Large rounded mass measuring 60 x 55 x 65 mm with peripheral solid component and central necrosis in right lower kidney is suspicious for a primary renal neoplasm such as an RCC. This shows a well-defined margin against the adjacent right mid calyx without invasion. Much of this is exophytic on the lateral aspect with a clear fat plane from the liver. However, there is tumor invasion into the collecting system with solid heterogenous tumor within the right renal pelvis till the pelviureteric junction (20-45) causing obstruction and pooling of excreted contrast in the distended right renal calyces especially upper aspects (17-45). There is also mildly enhancing tumor thrombus in the right renal vein with extension intothe infrahepatic IVC measuring 40mm in length, terminating just prior to the junction with the retrohepatic IVC (20-42). There is likely a component of bland thrombus on the surface of the tumor thrombus. The retro/suprahepatic IVC are patent and clear. No suspicious thrombus is seen in the heart chambers. Prominent collaterals are noted due to the involvement of the right renal veins. The mass shows no invasion of the adjacent hepatic flexure, duodenum or biliary tree. Several small volume (5-6mm short axis) but moderately suspicious aortocaval and retrocaval nodes are present in the upper abdomen. These are best appreciated on the coronal view (20-42, 13-48) showing nodular outline and asymmetrical appearance, concerning for early nodal metastases. Contralateral left kidney normal in size and cortical thickness, with no hydronephrosis unremarkable apart from minimal cortical scarring at the upper aspect. No suspicious left renal mass is noted. There is no focal urothelial lesion within the left upper tract. No suspicious focal hepatic lesion detected. A tiny 5 mm hypodensity is seen in segment 6 (20-40) is too small to characterise. This is located close to the renal mass. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, pancreas, spleen, adrenals and sections of bowel in the abdomen are unremarkable. The pelvis is not included. THORAX AND BONES An 8 mm nodule is seen in the posterior aspect of the apical right lower lobe (8-55), appearing slightly lobulated. This is indeterminate for a lung metastases. Another 3 mm nodule is seen in the left lung apex (8-20) while another tiny 2 mm nodule is seen in the lateral inferior aspect of the right upper lobe (8-41). These are non-specific. There is no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Mediastinal vasculature enhance normally. Heart size is normal. There is prominence of the superior pericardial recess. No pericardial or pleural effusion is seen. Mild T9 compression fracture is likely osteoporotic. No destructive bony lesion is seen. No destructive bony lesion is seen. CONCLUSION 1. A large 6.5cm mass in the right lower kidney is suspicious for a RCC. There is invasion into the right renal pelvis causing calyceal dilatation, as well as tumor thrombus into the infrahepatic IVC. 2. A few small but moderately suspicious upper abdominal nodes. 3. A tiny 5mm hypodensity in segment 6 immediately adjacent to the right renal mass is too small to characterise. 4. A few lung nodules are seen bilaterally, with the largest measuring 8mm in posterior apical right lower lobe ¿ lung metastases should be considered. Follow-up suggested. 5. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 7bee93a413fbba726cf9767576a39b5de66153b1e0a9292597e6a76e7aaf9b0f

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