# Row 13012

Visit Number: bd7f006f7b7932938b2169143cf0486d0e9a6452d8e7a5993dec72dbfef6bf17

Masked\_PatientID: 12988

Order ID: f29cf2aa18d8dea5771e7158aa13882a7d0bc958429686da4cf28c6518bb328b

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 04/11/2015 18:04

Line Num: 1

Text: HISTORY Viable HCC in segment 8 - for assessment of size prior to LTx. Previous TACE and RFA. TECHNIQUE CT of the thorax and abdomen. CTs of the abdomen were done in the pre-contrast, arterial, portal venous and delayed phases of the liver. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 31 August 2015. The multifocal hepatocellular carcinomas in the right hepatic lobe show no evidence of viable tumour. They showfoci of Lipiodol uptake, consistent with successful TACE treatment. The ablation zone in segment 8 is unchanged in size, measuring 3.9 x 3.2 cm (series 13 image 24). The previously noted 9 mm hypervascular nodule in the posterior margin ofthe ablation zone is unchanged in size and appearance (series 7 image 16). Elsewhere in the liver, no hypervascular mass is identified to suggest a new HCC. The liver is cirrhotic, with a nodular outline and severe hypertrophy of the left and caudate lobes and hypotrophy of the right lobe. There is splenomegaly. Oesophageal varices are present. There is also a recanalised periumbilical vein. No ascites is detected. The portal vein and its branches opacify normally. The splenic vein is widely patent. The pancreas and adrenal glands are unremarkable. The right kidney is normal. The left kidney shows scarring in its lower pole, possibly representing previous ablation for a renal tumour. This has not changed in appearance from the last CT; no enhancing mass is seen in the region to suggest local tumour progression. There is no hydronephrosis. Several small diverticula are seen in the ascending colon. The rest of the bowel appears unremarkable. Thereare several mildly enlarged lymph nodes in the retroperitoneum, unchanged from the last CT and probably reactive in aetiology. In the thorax, no pulmonary nodule or mass is detected to suggest a metastasis. No enlarged lymph node is detected.There is mild atelectasis in the left lingula. No pleural or pericardial effusion is detected. There is a mild compression fracture of T12. CONCLUSION The HCCs in the right hepatic lobe that have undergone TACE show no evidence of viable tumour. The previously noted hypervascular nodule in the posterior margin of the RF ablation site in segment 8 is unchanged; it is suspicious for local tumour progression. No new HCC is detected. No portal vein thrombosis is seen. There is cirrhosis complicated by portal hypertension. No pulmonary metastasis is identified. May need further action Finalised by: <DOCTOR>

Accession Number: 39ba1c2d8f7ed07bf870bcd76bffb891bb8ba8039f95b37296801c327133a4a7

Updated Date Time: 05/11/2015 10:49