# Row 13013

Visit Number: 941d919ada87a9da3a50c0d910c66b282e1c6c32c8682c33afbc4d8b32e7589a

Masked\_PatientID: 12988

Order ID: 70243a608c223cf8d3310774acb31323ec6150e984b3cc44cd9ed916d88448c9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 08/1/2019 14:59

Line Num: 1

Text: HISTORY Post liver tranplant for HCC surveillance and PV evalution ( history of PV thrombosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS The previous CT abdomen dated 4 January 2018 is noted. Mild atelectasis is noted in the middle and right lower lobes. No suspicious pulmonary nodule or consolidation is detected. There is no pleural or pericardial effusion. No significantly enlarged mediastinal or hilar lymph node is detected. The right lobe liver graft shows patchy wedge-shaped areas of arterial enhancement, likely perfusion anomalies. No suspicious arterial-enhancing focus with washout is detected. Chronic thrombosis of thesegment 6 portal vein branch is less well seen, suggesting interval evolution or improvement. The rest of the portal veins are patent. There is stable mild narrowing along the distal main portal vein, likely the site of anastomosis (image 17/33). The hepatic atery appears unremarkable. There is interim removal of the biliary stents. There is non-specific mild wall thickening of the common duct. Clinical correlation is suggested. No biliary ductal dilatation is noted. The spleen, pancreas, adrenal glands and kidneys are unremarkable. Status post left kidney lower partial nephrectomy is noted with stable soft tissue stranding, in keeping with post-operative change. The bowel loops are grossly unremarkable save for a few scattered uncomplicated colonic diverticula. No significantly enlarged intraabdominal lymph node or ascites is detected. The urinary bladder and prostate gland are grossly unremarkable. Stable mild T12 wedge compression fracture is noted. CONCLUSION 1. No arterial-enhancing lesion with washout is detected to suggest recurrent HCC. 2. Further interval evolution/improvement of segment 6 portal vein branch chronic thrombosis. 3. Interim removal of biliary stents with no biliary ductal dilatation. Mild common duct wall thickening is non-specific. Known / Minor Finalised by: <DOCTOR>

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