# Row 13011

Visit Number: 94392cf8ab77f8bd0d48cdf5400c531bbdf0c92be8b5712251b96dad4b54a760

Masked\_PatientID: 12988

Order ID: f82659e19dc7f8d7ebf9fc496ab89c19f60edcf10a2aabe54bc447716b101f2b

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 31/8/2015 17:04

Line Num: 1

Text: HISTORY liver trnasplant candidate for hcc surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the prior CT liver of 2 January 2015. MRI studies performed on the 23 February 2015 and 28 May 2015 was reviewed. The lungs are well aerated. No focal consolidation collapse is seen. No sinister pulmonary nodule or mass is seen to suggest pulmonary metastases. There is no pleural effusion. The airways are patent. No enlarged mediastinal or hilar lymph nodes are seen. There is background liver cirrhosis with portal hypertension. Hepatic and portal veins are patent. The left liver lobe reveals no suspicious nodule. Lipiodol staining in the right lobe of the liver is in keeping with prior transarterial chemo embolization (TACE). The degree of lipiodol staining is currently less marked. There is also evidence of radiofrequency ablation in the right liver lobe. There is a 0.9 cm hypervascular nodule (series 7/12) detected at the perimeter of the ablation zone in segment 8 of the liver. There is washout (series 13/10) of this nodule making this nodule suspicious for a viable HCC. No other overt hypervascular areas are seen in the vicinity of lipiodol staining. Gall stones are seen in the gall bladder. No biliary dilatation. The spleen is bulky. The pancreas, right kidney and adrenal glands are unremarkable. The appearance of the left kidney is unchanged. A few colonic diverticula are seen. The mesenteric veins are prominent, indicative increased portal pressures. The small abdomino-pelvic nodes are not enlarged by size criteria. No ascites. No bony destruction. CONCLUSION There is a 0.9 cm viable HCC in segment 8 of the liver, along the perimeter of the RFA ablation site. No evidence of extra-hepatic metastasis on this scan. Other background findings as detailed in the body of the report. May need further action Finalised by: <DOCTOR>

Accession Number: cb6d5b35ddb1a480aeeb5a20d453358dcfb8d76e358bb3fc2479c362c82ce89d

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