# Row 13026

Visit Number: 8035e80192bb458a756af5924235dc0281a04824e9236779231dfaf165486274

Masked\_PatientID: 13022

Order ID: 0b3fe0b402eb6687b6a9c7049e688107c872291fb919702993ded4348db0e3e4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/9/2019 20:23

Line Num: 1

Text: HISTORY Recent CTAP suspicious for pancreatic Ca. Requiring CT chest for staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Previous CT abdomen and pelvis dated 25 September 19:19 was reviewed. CT Thorax No enlarged supraclavicular, hilar or mediastinal lymph node is detected. The trachea and major bronchi are patent. The thyroid gland is unremarkable. The heart is normal in size. Coronary artery calcifications are noted. No pleural or pericardial effusion is seen. No consolidation or suspicious pulmonary mass is detected. Mild atelectasis is noted in the lingular segment. Tiny nonspecific nodule in the posterior segment of the right lowerlobe (501-56). A few tiny scattered calcified granulomas are noted in both lungs possibly post inflammatory. CT abdomen and pelvis Status post biliary stent insertion with pneumobilia in keeping with recent ERCP. A biliary stent is in acceptable position. Interval decrease in size of the common bile duct and intrahepatic ducts. The main pancreatic duct is again shown to be dilated. Vague hypodense lesion in the pancreatic head measuring approximately 1.8 x 1.6cm is suspicious for the primary tumour. No focal hepatic lesion is seen. Portal and hepatic veins are patent. The gallbladder, spleen and adrenal glands are unremarkable. A splenunculus is noted. Scattered bilateral renal cortical cysts measuring up to 2 cm. Other tiny hypodensities in both kidneys are too small to accurately characterise, but likely cysts. No perinephric fluid or collection is seen. No obstructive renal calculus or hydronephrosis. The bowel loops demonstrate normal enhancement and calibre. A slightly prominent sigmoid colonic loop is seen in the pelvis. Focal eccentric mural thickening of the sigmoid loop (601-115) not appreciated in the previous study due to collapse is nonspecific and attention on follow-up is suggested. A few uncomplicated colonic diverticula are noted. Small bilateral fat containing inguinal hernias. The urinary bladder is contracted limiting assessment. Prostate and seminal vesicles are unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node. There is no ascites or intraperitoneal free air. Atherosclerotic calcifications are noted along the aorta and its branches. No destructive bone lesion is seen. CONCLUSION 1. Status post biliary stent insertion with interval decompression of the intrahepatic ducts and common duct. 2. The main pancreatic duct is again shown to be dilated with an ill-defined hypodense lesion in the pancreatic head suspicious for the primary tumour. 3. No CT evidence to suggest distant metastasis. 4. Focal eccentric mural thickening of the sigmoid loop not appreciated on the previous study due to bowel collapse warrants attention on follow-up. Uncomplicated colonic diverticula. 5. Bilateral renalcysts. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 5480644fa47873ae22e4da60023791b9327a81062b6ee0eb3eda19e274699ee3

Updated Date Time: 01/10/2019 10:22