# Row 13096

Visit Number: 0cb58f74a755481637bd3732041700b9ed5e7aa4876277ebba4f7a0a29dd20bb

Masked\_PatientID: 13096

Order ID: 69a9e14ccdf80dae44e227474b97f024d3a8ca0cdaa85afe377b868eb9a37e43

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/4/2015 11:02

Line Num: 1

Text: HISTORY Ascites with ovarian mass on Ultrasound a/w LOW TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis Intravenous contrast: Optiray 350 - Volume (ml): 75 FINDINGS No previous imaging is available for review. There are a few prominent but subcentimetre nodes in the axillary, aorto-pulmonary, subcarinal and right hilum which are of uncertain significance. The largest of these is the aortopulmonary node measuring 7 mm (series four image 30). The heart size is mildly enlarged. There is a trace of pericardial fluid. Bilateral small basal pleural effusions are present with minor adjacent lung atelectasis. There is no pleural thickening or nodularity. The lungs are otherwise clear. No pulmonary nodule or consolidation is detected. The airways are patent. The liver shows normal size and margin. No focal lesion or biliary dilatation is seen. The gallbladder, pancreas, spleen, both kidneys and both adrenal glands are within normal limits. There is ascites in the abdomen and pelvis associated with peritoneal thickening and omental cake. There is a 3.1 x 2.7 cm left adnexal lesion, which is larger than expected for a left ovary in a postmenopausal patient. The smaller right ovary also has a lobulated margin and is suspicious. The uterus is unremarkable. The small bowel loops are clustered centrally in the abdomen and pelvis, suggestive of serosal disease. There is no evidence of bowel obstruction. The urinary bladder is unremarkable. No lymphadenopathy is seen in the abdomen or pelvis. No destructive bony lesion is detected. CONCLUSION 1. Both ovaries are enlarged, particularly the left which may be the primary malignant neoplasm.2. The ascites with peritoneal and serosal thickening as well as omental cake are in keeping with malignant peritoneal disease. 3. The bilateral small pleural effusions are nonspecific. No pleural thickening or nodularity is detected. 4. No lymphadenopathy is detected. The subcentimetre axillary, mediastinal and right hilar nodes do not reach significance size criteria and are of uncertain significance. Further action or early intervention required Finalisedby: <DOCTOR>

Accession Number: a02b86ae2f43c6472f952975fb29f57cabfe047a24bbcc9f3dd2c5677b01189c

Updated Date Time: 12/4/2015 11:53