# Row 13260

Visit Number: 0944ecf71810cf8357f4b79a5c77752be285025e03e143b62385acfd082fe575

Masked\_PatientID: 13254

Order ID: e052efff4a300acd5d37c546e4aca1b865afd0c44f0eec5b5f480d2d5f12f1a0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/1/2017 12:47

Line Num: 1

Text: HISTORY for reassessment of of disease status post chemo and reassessment of the IVC flter, KIV for IVC filter removal TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Rectal Contrast FINDINGS Compared with previous study dated 19/10/2016. In chest, mediastinal vasculature enhances normally. No enlarged mediastinal, hilar, supraclavicular or axillary lymph nodes. Abbernt right subclavian artery coursing posterior to the oesophagus is noted again. A small cystic density superior to the aortic arch is also stable, nonspecific. The lung parenchyma is clear without any suspicious nodules or mass. A few thin-wall cysts in right lung,as before. No pleural or pericardial effusion. Major airways are patent. Mild splenomegaly is noted again, the spleen measures about 12.5 cm in craniocaudal extent, slightly improved from previous CT study. A few tiny hypodensities along lower pole of spleen, as before, nonspecific. Small calcific foci at head and uncinate process of pancreas, as before, possibly due to chronic calcific pancreatitis. The duct is not dilated. Uncomplicated gallstones. The liver, remaining pancreas, adrenal glands and bowel loops appear grossly normal save for a few uncomplicated colonic diverticula. Bilateral renal cysts with a hyperdense cyst at upper pole of left kidney, as before. A tiny calcification in left kidney is stable, possibly calculus. Previously seen distal right ureteric 3 mm calculus has migrated further distally and is now seen at the right V U J (6-121) but without causing any significant proximal dilatation. Urinary bladder is unremarkable. The prostate gland is not enlarged. No enlarged abdominal or pelvic lymph nodes. A few tiny mesenteric lymph nodes are present which are subcentimetre, possibly reactive. Slightly prominent lymph nodes in right inguinal region (6-128), as before. Bone windows do not reveal any destructive bony lesions. There is some sclerosis and cortical defect in the left iliac bone along its lateral aspect (series six image 98 to 104), likely related to previous procedure in this region. An IVC filter in infrarenal location, stable appearance. CONCLUSION 1. Compared to previous CT study dated 19/10/2016, fairly stable appearances. No enlarged lymph nodes in chest, abdomen or pelvis. Borderline right inguinal lymph nodes, stable. 2. Mild interval reduction in degree of splenomegaly (spleen measures 12.5 cm in craniocaudal extent currently). A few tiny splenic hypodensities, stable and nonspecific. 3. A 3 mm right V U J calculus without causing significant proximal dilatation. 4. Other minor findings as described above. Known / Minor Finalised by: <DOCTOR>

Accession Number: a3348724ae516f8cf5be170f5ff8fc7440c13bbad48d181b35fab345f74d8af3

Updated Date Time: 10/1/2017 15:47