# Row 13255

Visit Number: 4f54a6af46989f4b0370da3f8daafe6062e2c65bc438cd93ad0a173e58035009

Masked\_PatientID: 13254

Order ID: 41bf937c92d23f5972ae448b059b1029237a25093fd9dcc743f8490093117da3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/10/2016 12:12

Line Num: 1

Text: HISTORY mantle cell lymphoma post #3 chemo fro interim assessment; Underlying CML and right LL DVT TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Compared with previous CT study dated 09/07/2016 done at C G H. There is a significant interval improvement. Previously seen enlarged lymph nodes throughout axillary, mediastinal, hilar, retroperitoneum and iliac inguinal regions show significant interval improvement and almost all have either resolved or become subcentimetre currently. There are few subcentimetre nodes present in the right inguinal region (501-144). No enlarged lymph nodes in chest, abdomen or pelvis. The mediastinal vasculature enhances normally. There is aberrant origin of the right subclavian artery, arising as last branch of arch and coursing posterior the oesophagus . Atheromatous changes in aorta. There is a cystic density superior to the aortic arch, unlikely of any significance. No pleural or pericardial effusions. No suspicious lung mass or nodules. Some thin walled subcentimetre cysts are present in right lower lobe. Some atelectasis. Major airways are patent. Previously seen splenomegaly shows interval reduction in size, measuring about 14.5 cm in craniocaudal extent currently. A few tiny hypodensities along inferior aspect of the spleen (501-16), also previously seen. No focal hepatic lesions. Uncomplicated gallstones. No biliary dilatation. Calcific foci in pancreatic head and uncinate process, stable, possibly focal chronic calcific pancreatitis. The pancreatic duct is not dilated. Bilateral renal cysts with a hyperdense cyst at upper pole of the left kidney, as before. There is a tiny calcification in the left renal upper pole, possibly calculus. Further there is a 3 mm calculus in the distal right ureter (501-117) but without causing significant dilatation. The bowel loops, urinary bladder and prostate gland appear unremarkable. There is no ascites. No suspicious bony lesions are seen. An IVC filter is in situ. CONCLUSION Compared with previous CT study dated 09/07/2016 done at C G H, there is significant interval improvement. 1. Previously seen generalised lymphadenopathy shows significant interval improvement and most of previously seen enlarged lymph nodes have either resolved or become subcentimetre now. A few subcentimetre nodes in right inguinal region. No interval new adenopathy. 2. The splenomegaly also shows interval reduction in size but still mildly enlarged. A few nonspecific hypodensities along lower pole of spleen, also seen previously. 3. A 3 mm rightdistal ureteric calculus but without causing significant dilatation. Bilateral renal cysts, with a hyperdense cyst at upper pole of the left kidney. 4. Other minor findings as described above. Known / Minor Finalised by: <DOCTOR>

Accession Number: 60bfdf30b1f33ba756f85e6288f4523e71d41676ec0ca046fde8f73834cdf6c5

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