# Row 13263

Visit Number: c3e7965758beb7ac2311c4d66133c93bf8978bdd67b4e2802fd84ce081a96a1b

Masked\_PatientID: 13254

Order ID: f63b782a87c6073cd1cde96b9b4704b92c5696a8056c6afda4c2260caf0731d7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 19/12/2019 10:37

Line Num: 1

Text: HISTORY TRO relapsed - PCR is positive TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior history of underlying CML and mantle cell lymphoma. Prior examination of 27October 2018 was used for comparison. Thorax Small volume lymph nodes in the superior mediastinum appears more prominent when compared with the prior examination of 27 October 2018. These nodes measure under 1 cm in size. Small volume lymphnodes are also present in the hilar region. There are multiple bilateral axillary lymph nodes which are not pathologically enlarged (greater than 1 cm) but they have increased in size and number since the prior study (series 3, image 30). No focal suspicious lung lesion is demonstrated. Scattered thin walled cystic areas in the right lower lobe are stable. No endobronchial abnormalities seen. The heart size is normal. Anomalous right subclavian artery is present. Abdomen and pelvis The liver has a smooth outline. Two small cysts are present in segment four and are stable. No biliary dilatation is seen. The gallbladder contains calcified stones but no wall thickening or pericholecystic inflammation. The uncinate process and head of pancreas contains a few scattered parenchymal calcification that are stable. This is presumably due to prior chronic pancreatitis. No pancreatic duct dilatation or focal suspicious pancreatic mass is seen. There is an increase inthe size of the para-aortic lymph nodes when compared with the prior study. The para-aortic nodes are borderline enlarged and are significantly larger on the current study ((1.0 cm) (series 6, image 53), (0.9 cm) (series 6, image 61). There is also increase in the number of enlarged lymph nodes which extend to the left external iliac (series 11, image 43)and right external iliac chain. Small volume internal iliac lymph nodes are identifiable. Stable mildly enlarged lymph node is present in the right inguinal region (1.2 cm) (series 6, image 128). There is an increase in the size of the spleen which now measures 12 cm. No focal suspicious mass is seen within the bowel. The kidneys are seen to enhance in a normal manner. A focal area of calcification at the left upper pole is deemed likely parenchymal origin. Renal cysts are present. The prostate is of normal size and urinary bladder appears unremarkable. CONCLUSION Comparison with the prior study of 27 October 2018 show an increase in the size and number of the numerous lymph nodes in the chest, abdomen and pelvis. These nodes however are currently not bulky. There is also interim development of splenomegaly. Recurrent disease is deemed likely. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

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Updated Date Time: 08/1/2020 11:37