# Row 13326

Visit Number: 3e3666fe546426e106820098405b725f5a0011ba09f985616af36041312e7074

Masked\_PatientID: 13321

Order ID: 5e7e917b2d3cd4be7d7c3ca1f7d730f57c0ee434fd927b8e9cabdd3dd59e7b0b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/8/2016 11:22

Line Num: 1

Text: HISTORY Stage IV DLBCL S/p chemo x 4 cycles (last on 21/06/16) Not on chemo since then due being admitted for infections For re-staging of disease TECHNIQUE Contrast enhanced CT chest, abdomen pelvis Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with the prior CT dated 10/06/2016. Previous oesophagectomy with gastric pull-up is noted. There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is within normallimits. There is a trace of pericardial fluid. The right upper lobe scarring in the paramediastinal region is likely related to postradiation change. There is pleural thickening at the right apex which has not significantly changed. However, there is interval development of bilateral pleural effusions, larger on the right. There is atelectasis in the lower lobes bilaterally. The lungs show background emphysema. Mild ill-defined ground-glass in the upper lobes bilaterally and interlobular septal thickening are noted. The airways are patent. The liver, gallbladder, pancreas and both adrenal glands are within normal limits. The spleen is borderline in size, measuring 13.1 cm. The small and large bowel loops are unremarkable. There is no abnormal dilatation or mural thickening. The urinary bladder and prostate gland are also unremarkable. There is a trace of free fluid adjacent to the spleen and in the pelvis. No peritoneal nodule or lymphadenopathy is seen in the abdomen or pelvis. No significant bony abnormality is seen. CONCLUSION 1. No lymphadenopathy or evidence of peritoneal disease is detected. 2. The right upper lobe paramediastinal scarring and pleural thickening have not significantly changed and may be postradiation changes. 3. However, new bilateral pleural effusions are present, larger on the right. There is also interlobular septal thickening and mild ground-glass in the upper lobes bilaterally. These may represent fluid overload or hypoproteinaemia. Clinical correlation is essential. May need further action Finalised by: <DOCTOR>

Accession Number: 64cb2d31ea72d4a0b1ac228ab9f5afb02b741c36b33e1d8d945b5e5a1b26a408

Updated Date Time: 15/8/2016 12:30