# Row 13453

Visit Number: 9fbf3c269504200ae7b851c0ede426a846d8f5c7224a6d1b7c52130f95af9827

Masked\_PatientID: 13446

Order ID: 0ae342314ecb06f5f1a5379c3c06718d7e90c482c1afaadb885f2b95c0adf8d5

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/11/2020 10:35

Line Num: 1

Text: HISTORY met pancreatic CA hypotension to look for intraabdominal source of infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Ultravist 370 - Volume (ml): 70 FINDINGS Comparison is made with the CT studies dated 17 September 2020 (abdomen and pelvis) and 11 August 2020 (thorax). CHEST: Small filling defect in keeping with pulmonary embolus is seen in the branches supplying the posterobasal segment of the left lower lobe (405-52). The pulmonary trunk measures up to 2.2 cm in maximal diameter and is not enlarged. There is no evidence of right ventricular strain. No convincing evidence of pulmonary infarct. Interval development of patchy ground-glass changes in bilateral upper lobes with interlobular septal thickening, likely inflammatory/ infective. A few stable tiny nonspecific nodules are seen, in the right lung apex (0.3 cm, se 401-19) and a subpleural nodule in the lingula (0.4 cm, se 401-65). Stable nonspecific extra-pulmonary low density nodule between the right 5th and 6th rib (se 401-37). The central airways are patent. Bilateral small pleural effusions are present with adjacent compressive atelectasis. The heart is normal in size. No pericardial effusion. No significantly enlarged supraclavicular, mediastinal or hilar lymph node. ABDOMEN AND PELVIS: A few new multiloculated rim-enhancing hypodensities are seen in the right hepatic lobe, some with internal gas locules, suspicious for hepatic abscesses. The largest are seen in segment 6/7 (3.5 cm x 3.1 cm) (series 501, image 31) and segment 5/6 (3.2 cm x 2.7 cm) (series 501, image 47). There is also new partial thrombosis of the tributaries of the right hepatic vein. The portal vein branches are patent. Prior total pancreatectomy and splenectomy (15 Oct 2018). Stable aerobilia is noted. Prior LAMS placement at the afferent limb and stenting of the efferent limb is also noted. Increased soft tissue is seen within the stent, suspicious for tumour ingrowth. There is new dilation of the afferent loop of the gastrojejunostomy. No pneumoperitoneum to suggest frank perforation. Diffuse gastric wall oedema may be related to treatment changes. The rest of the bowel loops are normal in calibre. The soft tissue mass in the region of the head of the pancreas tethering of the adjacent hepatic flexure and suspicious for local recurrence shows reduction in size, now (2.4 cm) (series 501, image 53) from (2.7 cm) (series 201, image 47, 17/09/2020). The SMV is less attenuated. A few enhancing peritoneal nodules, suspicious for metastases, are smaller. For example in the perigastric region (1.0 cm) (series 501, image 30) and left upper abdomen (1.1 cm) (series 501, image 70). Stable periportal lymph node (1.7 cm) (series 501, image 35). There is worsening ascites, now large-volumed. No loculated collection is seen. Stable bilateral renal cysts are again noted, the larger ones in the left kidney again demonstrate internal septations and mural calcification. There is also a 8 mm nonobstructing caliceal calculus at the left lower pole. No hydronephrosis is seen. The adrenal glands are unremarkable. The urinary bladder is unremarkable. The prostate is not enlarged. Diffuse subcutaneous and soft tissue stranding likely due to third space fluid shift. No overt bony destruction is evident. CONCLUSION Since the CT of 17 Sept 2020, Small pulmonary embolus is seen in the branches supplying the posterobasal segment of the left lower lobe. No evidence of right ventricular strain or pulmonary infarct. In bilateral upper lobes, new patchy ground-glass changes with interlobular septal thickening are probably inflammatory/ infective. Interval new multiloculated rim enhancing hypodensities with internal gas locules in the right hepatic lobe are suspicious for abscesses. There is partial thrombosis of the tributaries of the right middle hepatic vein. Increased soft tissue seen within the stent at the efferent, suspicious for tumour ingrowth. There is new dilation of the afferent loop of the gastrojejunostomy. Decrease in size of the soft tissue mass in the region of the pancreatic head, suspicious for local recurrence. Stable periportal adenopathy. Smaller peritoneal nodules, suspicious for metastases. Increased ascites and anasarca, possibly related to third spacing. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

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