# Row 13455

Visit Number: 9fbf3c269504200ae7b851c0ede426a846d8f5c7224a6d1b7c52130f95af9827

Masked\_PatientID: 13446

Order ID: de5d7ca54347e9f7ff315ed746c269f5431485b8e8fdc775057d0806c4b11a26

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/12/2020 10:28

Line Num: 1

Text: HISTORY restaging for and reassessment of hepatic abscess Recurrent metastatic HOP Ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - 60 mL FINDINGS The prior CT studies dated 20/11/2020 and 29/11/2020 were reviewed. THORAX Right PICC noted with the tip seen at the superior cavoatrial junction. Interval resolution of the segmental pulmonary embolus in the left lower lobe posterobasal segment. The rest of the mediastinal vessels are grossly patent. The heart size is within normal limits. Previously noted areas of ground-glass density with septal thickening in the bilateral upper lobes have largely resolved with corresponding areas of residual post-inflammatory scarring. A few new areas of ground-glass changes with septal thickening are now seen in the anterior segments of both upper lobes (e.g. 6-39) and apical segment of the right lower lobe (6-51), probably infective/inflammatory. Stable subcentimetre nodules in the right upper lobe (6-23) and lingula (6-72) are nonspecific. No significant hilar, mediastinal or supraclavicular lymphadenopathy. Interval resolution of bilateral pleural effusions. No pericardial effusion is seen. The visualised thoracic oesophagus and thyroid gland are unremarkable. Stable 1.2 cm nonspecific extrapulmonary low-density nodule in the right fifth intercostal space (5-45). Low-density subcutaneous lesion along the right posterolateral chest wall (5-62), probably a lipoma. ABDOMEN AND PELVIS There is interval decrease in size of the previously noted multiple right hepatic abscesses. The largest abscess, in segment VII, currently measures 3.6 x 4.0 x 3.4 cm (8-32, 9-24) from 4.2 x 4.8 x 4.2cm (previous 501-36, 503-30). Other smaller abscesses in segment V/VI are also smaller/resolved (e.g. 8-38, 47 vs prev 501-42, 53). Previous gas locules within the abscesses are also no longer seen. There is vague hypodensity in hepatic segment V (e.g. 8-43), possibly perfusional; for attention on follow-up. It may be due to partial thrombosis of the right hepatic vein which appears marginally improved (image 9/30). The patient is status post total pancreatectomy and splenectomy. There is again ill-defined soft tissues in the pancreatic head region, suspicious for tumour recurrence. It is however difficult to compare for interval change in size due to the ill-defined nature but appears to have increased in size given the increased attenuation of the superior mesenteric vein (for example comparing current image 9/41 with previous 503/46). The portal veins are grossly patent. Largely stable periportal lymphadenopathy, measuring up to 1.8 cm in short axis (8-33). Pneumobilia is again seen indicating patency of the hepaticojejunostomy. LAMS at the afferent limb and stent at the efferent limb of the gastrojejunostomy are again noted. Presence of intraluminal soft tissues within the latter is of indeterminate nature, of which tumour ingrowth is not excluded. Dilatation of the afferent limb is unchanged. Mild-moderate ascites is again seen with grossly stable peritoneal deposits, e.g. left subphrenic space (1.1 cm, 8-27) and left anterior abdomen (1.7 cm, 8-64). The kidneys enhance symmetrically. Nonobstructive left renal calculi and bilateral renal cysts noted. No hydronephrosis. The adrenal glands, urinary bladder and prostate gland are unremarkable. Diffuse subcutaneous oedema is again noted. CONCLUSION Since CT chest 20/11/20 and CT abdomen/pelvis 29/11/20, there is 1. Resolution of previously noted left lower lobe segmental pulmonary embolus. 2, Interval improvement of previous bilateral upper lobe ground-glass densities. There are however a few new areas of ground-glass densities with septal thickening, probably infective/inflammatory. 3. Resolution of bilateral pleural effusions. 4. Decrease in size of the abscesses in the right hepatic lobe. 5. Slight interval improvement of partial thrombosis in the right hepatic vein. New indeterminate vague hypodensity in hepatic segment V may be perfusional; for attention on follow-up. 6. Status post Whipple's procedure with soft tissues in the pancreatic head region, suspicious for local recurrence. It is difficult to compare for interval change in size due to the ill-defined nature but appears to have increased in size given the increased attenuation of the SMV. 7. Largely stable periportal lymphadenopathy and peritoneal metastatic deposits. 8. Ascites and subcutaneous oedema. Report Indicator: May need further action Reported by: <DOCTOR>

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