# Row 1706

Visit Number: 81a8c8db4d5479172a2459e7252fbdc0fe0d87b8cba70260dd99f8bf4cd2032b

Masked\_PatientID: 1699

Order ID: 14338054e63ebd5cd4bfb39e47b8b54420f33737b71ea12745db17f77ddfa348

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 14/2/2020 9:12

Line Num: 1

Text: HISTORY Status post robotic left hemihepatectomy (6 Apr 2016) and thermal ablation of segment 7 HCC (28 Jun 2018). HCC survellaince and Lung MALT; Status post robotic left hemihepatectom TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison is made with 01/08/2019 CT. ABDOMEN The liver is fatty. There had been prior left hemihepatectomy and the no dilation of segment VII HCC. Stable dilatation of the bile ducts immediately adjacent to the resection site is noted. There are multiple other hypodense foci in the remnant liver, relatively stable in appearance and representing cysts (based on 26/07/2018 MRI). There are few small flash enhancing foci seen in the liver on the arterial phase (7/ 24, 44, 48) which is indeterminate. No subsequent washout seen. However, no convincing hepatocellular carcinoma is seen on this study. Right and main portal veins, right and middle hepatic veins arepatent. There is a right portosystemic shunt, between a branch of the right posterior portal vein branch and a tributary of the right hepatic vein. Replaced right hepatic artery arises from the superior mesenteric artery. The spleen, adrenal glands and pancreas are unremarkable. There are bilateral renal cysts. No hydronephrosis is identified. There is no ascites or significant lymphadenopathy. Included bowel is not dilated. Uncomplicated colonic diverticula are present. THORAXThere is stability in the appearance of the right upper lobe lesion, which contains air bronchograms. It measures approximately 3.3 x 1.7 cm. This was previously biopsied on 28/06/2018. No new pulmonary lesion, consolidation ground-glass changes seen. There is no pleural effusion. There is no significantly enlarged lymph node. No cardiomegaly or pericardial effusion is identified. There are small bilateral thyroid nodules which are nonspecific. There is no bony destruction. CONCLUSION Stable right upper lobe lung lesion (previously biopsied). No convincing HCC is seen. A few small flash enhancing foci in the liver are indeterminate. Relatively stable hepatic cysts and stable intrahepatic ductal dilatation adjacent to the resection site. Background fatty liver. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 059f27330b3a86a8843917dd90432e65a0e588fd6f135c6317d5e03536690ff3

Updated Date Time: 14/2/2020 12:50

## Layman Explanation

This radiology report discusses HISTORY Status post robotic left hemihepatectomy (6 Apr 2016) and thermal ablation of segment 7 HCC (28 Jun 2018). HCC survellaince and Lung MALT; Status post robotic left hemihepatectom TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison is made with 01/08/2019 CT. ABDOMEN The liver is fatty. There had been prior left hemihepatectomy and the no dilation of segment VII HCC. Stable dilatation of the bile ducts immediately adjacent to the resection site is noted. There are multiple other hypodense foci in the remnant liver, relatively stable in appearance and representing cysts (based on 26/07/2018 MRI). There are few small flash enhancing foci seen in the liver on the arterial phase (7/ 24, 44, 48) which is indeterminate. No subsequent washout seen. However, no convincing hepatocellular carcinoma is seen on this study. Right and main portal veins, right and middle hepatic veins arepatent. There is a right portosystemic shunt, between a branch of the right posterior portal vein branch and a tributary of the right hepatic vein. Replaced right hepatic artery arises from the superior mesenteric artery. The spleen, adrenal glands and pancreas are unremarkable. There are bilateral renal cysts. No hydronephrosis is identified. There is no ascites or significant lymphadenopathy. Included bowel is not dilated. Uncomplicated colonic diverticula are present. THORAXThere is stability in the appearance of the right upper lobe lesion, which contains air bronchograms. It measures approximately 3.3 x 1.7 cm. This was previously biopsied on 28/06/2018. No new pulmonary lesion, consolidation ground-glass changes seen. There is no pleural effusion. There is no significantly enlarged lymph node. No cardiomegaly or pericardial effusion is identified. There are small bilateral thyroid nodules which are nonspecific. There is no bony destruction. CONCLUSION Stable right upper lobe lung lesion (previously biopsied). No convincing HCC is seen. A few small flash enhancing foci in the liver are indeterminate. Relatively stable hepatic cysts and stable intrahepatic ductal dilatation adjacent to the resection site. Background fatty liver. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.