# Row 2551

Visit Number: c90e5bb6809dd0c25e82e066b4acee4c3a8bccb84cb2cc9f5e7ba280fddbe8cf

Masked\_PatientID: 2550

Order ID: 2ba03de63c21046861318133e7e1c44fbe99967234470aee7d77b28926d59367

Order Name: CT Aortogram (Abdomen)

Result Item Code: CTANGAORA

Performed Date Time: 17/9/2015 17:16

Line Num: 1

Text: HISTORY Large abdominal liposarcoma to asses for vasculature prior to embolization; subtotal hysterectomy TECHNIQUE Scans acquired as per department protocol. Plain, arterial and venous phases obtained. Multiplanar MIP and VRT reconstructions obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is a massive soft tissue mass occupying the entire abdominal pelvic cavity measuring 25.6 x 19.8 (axial) x 33.8 cm. Large areas of the central and peripheral hypodensity are present suggestive of some degree of tumour necrosis. The mass appears to be centred within the peritoneal cavity displacing the viscera posteriorly. There are multiple arterial feeders supplying the peripheral aspect of the mass with some central feeders, the most notable are as follows: - First branch off the superior mesenteric artery (large tortuous supply) - lower most branch of the right renal artery off the aorta (two right renals), which shows early branching - anterior division branches off both internal iliac arteries - posterior division branches off both internal iliac arteries - both inferior epigastric arteries (supplying the superior aspect of the mass) - inferior mesenteric artery supplying the left lateral aspect (minor supply) The displaced visceral organs show no focal abnormality. The small bowel loops are nondilated. The kidneys show normal perfusion with no evidence of hydronephrosis. The liver, spleen and gallbladder are unremarkable. The pancreas is not as well demonstrated but no pancreatic mass lesions are seen. No significantly enlarged para-aortic lymph nodes are demonstrated. A small amount of pelvic ascites is seen. Apart from minimal atelectasis in the right lower lobe, no focal lung lesions are seen in the imaged sections. There are no destructive bone lesions. The urinary bladder is displaced posteriorly. The uterus is not seen compatible with the history. CONCLUSION Large abdominal pelvic mass, compatible with the history of liposarcoma, within the peritoneal cavity causing mass effect. Multiple arterial feeders are demonstrated as detailed (see above). May need further action Finalised by: <DOCTOR>

Accession Number: b35fa69a4e50e2fb4a669335089342abcf33e9298ce92a4f1c3b6a13a81e4f33

Updated Date Time: 18/9/2015 9:50

## Layman Explanation

This radiology report discusses HISTORY Large abdominal liposarcoma to asses for vasculature prior to embolization; subtotal hysterectomy TECHNIQUE Scans acquired as per department protocol. Plain, arterial and venous phases obtained. Multiplanar MIP and VRT reconstructions obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is a massive soft tissue mass occupying the entire abdominal pelvic cavity measuring 25.6 x 19.8 (axial) x 33.8 cm. Large areas of the central and peripheral hypodensity are present suggestive of some degree of tumour necrosis. The mass appears to be centred within the peritoneal cavity displacing the viscera posteriorly. There are multiple arterial feeders supplying the peripheral aspect of the mass with some central feeders, the most notable are as follows: - First branch off the superior mesenteric artery (large tortuous supply) - lower most branch of the right renal artery off the aorta (two right renals), which shows early branching - anterior division branches off both internal iliac arteries - posterior division branches off both internal iliac arteries - both inferior epigastric arteries (supplying the superior aspect of the mass) - inferior mesenteric artery supplying the left lateral aspect (minor supply) The displaced visceral organs show no focal abnormality. The small bowel loops are nondilated. The kidneys show normal perfusion with no evidence of hydronephrosis. The liver, spleen and gallbladder are unremarkable. The pancreas is not as well demonstrated but no pancreatic mass lesions are seen. No significantly enlarged para-aortic lymph nodes are demonstrated. A small amount of pelvic ascites is seen. Apart from minimal atelectasis in the right lower lobe, no focal lung lesions are seen in the imaged sections. There are no destructive bone lesions. The urinary bladder is displaced posteriorly. The uterus is not seen compatible with the history. CONCLUSION Large abdominal pelvic mass, compatible with the history of liposarcoma, within the peritoneal cavity causing mass effect. Multiple arterial feeders are demonstrated as detailed (see above). May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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