# Row 2651

Visit Number: da1f71dfbe3c3b75d770f299816a3ad6e7f971dc47a2340f0743a16a444a0e32

Masked\_PatientID: 2647

Order ID: 79532fd53f8bd7183b1dbe61037c6cf17dedc5de4c96b6c12ea6eab250214d17

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 26/12/2019 16:41

Line Num: 1

Text: HISTORY HCC s/pTACE on 14/11 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS The ground-glass opacity in the right apex with mild central solid component is largely unchanged in size and appearance since CT 29/11/18, measuring about 2.4 x 1.9 cm while its solid component about 0.6 cm. No new pulmonary nodule is detected. There is no pleural or pericardial effusion. There is no significantly enlarged mediastinal or hilar lymph node. Status post wedge resection of hepatic segments 4 and 7, ablation of segment 6 and interim chemoembolisation via the right hepatic artery segment 4 branch. Sequestrated Lipiodol are noted in segment 4, corresponding to the site of previous arterial enhancement. No obvious arterial enhancement with subsequent washout is detected to suggest residual HCC. A few scattered subcentimetre hypodensities are unchanged and are in keeping with cysts. Of note, there is a non-enhancing cystic focus at the porta hepatis, indenting on the left portal vein, measuring about 1.8 x 1.1 cm (image 17/24). This is of indeterminate nature, but is new and appears related to recent procedure. The portal veins otherwise remain patent. There is mild increase in left-sided intrahepatic biliary ductal dilation, probably due to mass effect by the cystic focus. Stable prominent extrahepatic duct is likely due to postcholecystectomy state. The spleen is not significantly enlarged. No significantly enlarged intra-abdominal lymph node or ascites is detected. The 1 cm cystic lesion in the pancreatic head is largely unchanged (image 17/41). No pancreatic ductal dilatation is noted. There is stable thickening of the adrenal glands, non-specific. The kidneys and visualised bowel loops are grossly unremarkable. CONCLUSION Since MRI 7/10.19, there is 1. Interim transhepatic chemoembolisation. No suspicious arterial enhancement with subsequent washout is detected to suggest residual HCC. 2. A small non-enhancing cystic focus at the porta hepatis indenting on the left portal vein is non-specific, possibly related to recent procedure. 3. The ground-glass opacity with tiny solid component in the right apex is stable since CT 29/11/18. A slow-growing neoplasm cannot be excluded and histological correlation may need to be considered. 4. Other stable findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 533b6e22f727e39df06605f1581214ab365a667762b9c64c86d7eab8eadf5780

Updated Date Time: 27/12/2019 10:58

## Layman Explanation

This radiology report discusses HISTORY HCC s/pTACE on 14/11 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS The ground-glass opacity in the right apex with mild central solid component is largely unchanged in size and appearance since CT 29/11/18, measuring about 2.4 x 1.9 cm while its solid component about 0.6 cm. No new pulmonary nodule is detected. There is no pleural or pericardial effusion. There is no significantly enlarged mediastinal or hilar lymph node. Status post wedge resection of hepatic segments 4 and 7, ablation of segment 6 and interim chemoembolisation via the right hepatic artery segment 4 branch. Sequestrated Lipiodol are noted in segment 4, corresponding to the site of previous arterial enhancement. No obvious arterial enhancement with subsequent washout is detected to suggest residual HCC. A few scattered subcentimetre hypodensities are unchanged and are in keeping with cysts. Of note, there is a non-enhancing cystic focus at the porta hepatis, indenting on the left portal vein, measuring about 1.8 x 1.1 cm (image 17/24). This is of indeterminate nature, but is new and appears related to recent procedure. The portal veins otherwise remain patent. There is mild increase in left-sided intrahepatic biliary ductal dilation, probably due to mass effect by the cystic focus. Stable prominent extrahepatic duct is likely due to postcholecystectomy state. The spleen is not significantly enlarged. No significantly enlarged intra-abdominal lymph node or ascites is detected. The 1 cm cystic lesion in the pancreatic head is largely unchanged (image 17/41). No pancreatic ductal dilatation is noted. There is stable thickening of the adrenal glands, non-specific. The kidneys and visualised bowel loops are grossly unremarkable. CONCLUSION Since MRI 7/10.19, there is 1. Interim transhepatic chemoembolisation. No suspicious arterial enhancement with subsequent washout is detected to suggest residual HCC. 2. A small non-enhancing cystic focus at the porta hepatis indenting on the left portal vein is non-specific, possibly related to recent procedure. 3. The ground-glass opacity with tiny solid component in the right apex is stable since CT 29/11/18. A slow-growing neoplasm cannot be excluded and histological correlation may need to be considered. 4. Other stable findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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