# Row 306

Visit Number: df2a5b964615f6e384872c96cd55362cfd44aeb995e63e441f023a23a0b5e59f

Masked\_PatientID: 301

Order ID: 2bef3f17f67574922a152b876d5b69bb96fe07cefec19313844cf8e03e2dcaa6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/3/2015 12:21

Line Num: 1

Text: HISTORY Pancreatic Ca s/p whipple surgery complicated with ascites and PE for evaluation of disease KIV start chemotherapy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison was done with the previous studies dated 5 February 2015 and 16 October 2014. The emboli in the left upper lobe pulmonary arteries have resolved. The bilateral pleural effusions are significantly smaller. There are thin slivers of residual bilateral pleural effusions. No enlarged axillary, mediastinal or hilar lymph node. No suspicious pulmonary nodule in both lungs. Minor dependent changes are visualised in the lower lobes. There is extensive ascites in the abdomen and pelvis. The intrahepatic ducts are not dilated. The remnant pancreas is atrophied. The pancreatic duct stent is noted. The gastrojejunostomy anastomosis is unremarkable. There are multiple small lymph nodes in the para-aortic, aortocaval and retrocaval region which are largely stable. There also small volume portacaval and periportal lymph nodes. The visualised bowel loops are of normal calibre. The uterus, adnexa and urinary bladder are grossly unremarkable. No overt bony destruction. CONCLUSION Resolution of pulmonary emboli. Decreasing size of bilateral pleural effusions. No suspicious pulmonary nodule to suggest metastasis. Extensive ascites in the abdomen and pelvis. The surgical bed shows expected changes of postsurgical sequelae. There are multiple small volume para-aortic, aortocaval and retrocaval lymph nodes, indeterminate. May need further action Finalised by: <DOCTOR>

Accession Number: 6566a63208876259fa3cdc56271ba2bef93f9c944086730d10f78332aa2decdd

Updated Date Time: 10/3/2015 14:22

## Layman Explanation

This radiology report discusses HISTORY Pancreatic Ca s/p whipple surgery complicated with ascites and PE for evaluation of disease KIV start chemotherapy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison was done with the previous studies dated 5 February 2015 and 16 October 2014. The emboli in the left upper lobe pulmonary arteries have resolved. The bilateral pleural effusions are significantly smaller. There are thin slivers of residual bilateral pleural effusions. No enlarged axillary, mediastinal or hilar lymph node. No suspicious pulmonary nodule in both lungs. Minor dependent changes are visualised in the lower lobes. There is extensive ascites in the abdomen and pelvis. The intrahepatic ducts are not dilated. The remnant pancreas is atrophied. The pancreatic duct stent is noted. The gastrojejunostomy anastomosis is unremarkable. There are multiple small lymph nodes in the para-aortic, aortocaval and retrocaval region which are largely stable. There also small volume portacaval and periportal lymph nodes. The visualised bowel loops are of normal calibre. The uterus, adnexa and urinary bladder are grossly unremarkable. No overt bony destruction. CONCLUSION Resolution of pulmonary emboli. Decreasing size of bilateral pleural effusions. No suspicious pulmonary nodule to suggest metastasis. Extensive ascites in the abdomen and pelvis. The surgical bed shows expected changes of postsurgical sequelae. There are multiple small volume para-aortic, aortocaval and retrocaval lymph nodes, indeterminate. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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