# Row 3244

Visit Number: be08c3caa52da329d75963cffea60291f9d8051b6646c81e9ff36e5fb6354de5

Masked\_PatientID: 3222

Order ID: 3db1695f180b76daaa87949628f0d69effeb4351bbe4cf2e8c20876065c156e8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/8/2019 9:16

Line Num: 1

Text: HISTORY caecal cancer (T3N0M0) s/p right hemi 10/3/17 Routine surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Comparison was made to the prior CT studies dated 3 March 2017 and 25 December 2016. The prior MRI dated 3 July 2017 was also noted. THORAX No suspicious pulmonary or nodule consolidation is seen. There is mild scarring in the left lower lobe. No significantly enlarged intrathoracic lymph node is detected. The mediastinal vessels opacify normally. The heart is enlarged. There is no pericardial or pleural effusion. ABDOMEN AND PELVIS The patient is post right hemicolectomy. The anastomotic site is intact with no evidence of gross local recurrence. There is a periampullary duodenal diverticulum. The small and large bowel loops are otherwise of normal calibre. There is new dilatation of main pancreatic duct and also that of the side ducts (at the tail) with suggestion of abrupt ductal cutoff at the pancreatic neck where there is a new ill-defined hypodensity measuring approximately 2.7 cm (07-45), suspicious for malignancy. There is no suspicious focal hepatic lesion. The hepatic and portal veins opacify normally. There is no biliary dilatation. No radiodense gallstone is seen. There is interval increase in size of the splenic hypodensity now measuring 1 cm (07-41) vs previous 0.7 cm (21-42), indeterminate. The spleen size is borderline. The adrenal glands are not enlarged. Both kidneys again demonstrate multiple cysts, some of which are hyperdense likely due to proteinaceous/haemorrhagic contents; accurate assessment is limited. Some of the cysts areassociated with mural calcification. There is no hydronephrosis. The urinary bladder is empty. The prostate is not enlarged. Small volume peripancreatic, mesenteric and para-aortic lymph nodes are noted. Trace ascites present. No destructive bony process. CONCLUSION Post right hemicolectomy. No evidence of gross local recurrence. New main pancreatic duct dilatation with suggestion of abrupt ductal cutoff at the pancreatic neck where there is an ill-defined hypodensity raising suspicion for malignancy. Dedicated CT/MRI of pancreas is suggested. Interval increase in size of the splenic hypodensity, indeterminate. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: da394e95673be851a73301cfa3174c64d82066ea2824f7fa26b1562773bd2948

Updated Date Time: 20/8/2019 15:17

## Layman Explanation

This radiology report discusses HISTORY caecal cancer (T3N0M0) s/p right hemi 10/3/17 Routine surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast FINDINGS Comparison was made to the prior CT studies dated 3 March 2017 and 25 December 2016. The prior MRI dated 3 July 2017 was also noted. THORAX No suspicious pulmonary or nodule consolidation is seen. There is mild scarring in the left lower lobe. No significantly enlarged intrathoracic lymph node is detected. The mediastinal vessels opacify normally. The heart is enlarged. There is no pericardial or pleural effusion. ABDOMEN AND PELVIS The patient is post right hemicolectomy. The anastomotic site is intact with no evidence of gross local recurrence. There is a periampullary duodenal diverticulum. The small and large bowel loops are otherwise of normal calibre. There is new dilatation of main pancreatic duct and also that of the side ducts (at the tail) with suggestion of abrupt ductal cutoff at the pancreatic neck where there is a new ill-defined hypodensity measuring approximately 2.7 cm (07-45), suspicious for malignancy. There is no suspicious focal hepatic lesion. The hepatic and portal veins opacify normally. There is no biliary dilatation. No radiodense gallstone is seen. There is interval increase in size of the splenic hypodensity now measuring 1 cm (07-41) vs previous 0.7 cm (21-42), indeterminate. The spleen size is borderline. The adrenal glands are not enlarged. Both kidneys again demonstrate multiple cysts, some of which are hyperdense likely due to proteinaceous/haemorrhagic contents; accurate assessment is limited. Some of the cysts areassociated with mural calcification. There is no hydronephrosis. The urinary bladder is empty. The prostate is not enlarged. Small volume peripancreatic, mesenteric and para-aortic lymph nodes are noted. Trace ascites present. No destructive bony process. CONCLUSION Post right hemicolectomy. No evidence of gross local recurrence. New main pancreatic duct dilatation with suggestion of abrupt ductal cutoff at the pancreatic neck where there is an ill-defined hypodensity raising suspicion for malignancy. Dedicated CT/MRI of pancreas is suggested. Interval increase in size of the splenic hypodensity, indeterminate. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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