# Row 3551

Visit Number: 35b27823166771dba087ccdb0c33c274bd3e008543d45120d80be77ae6fb2d8a

Masked\_PatientID: 3542

Order ID: ff65fcb5427f6848f01e81e9869edfba57b386e29117b8a116989a5e47b80036

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 08/5/2019 12:05

Line Num: 1

Text: HISTORY cryptogenic liver cirrhosis HCC S\P RFA segment 7 indeterminate segment 8 lesion ?inflamatory lesion lung surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison is made with 01\11\2018 CT. THORAX The mucus plugging in the middle lobe is relatively stable. Post inflammatory changes are seen in the right upper lobe. Inferior to this and adjacent to the transverse fissure (21\46, 12\45) is an area of ground-glass change which is new and may be an inflammatory\infective focus. There is no consolidation or pleural effusion. The major airways are patent. There is no cardiomegaly pericardial effusion. No significantly enlarged lymph node is seen. Bilateral gynecomastia is noted. No bony destruction. ABDOMEN The previously seen flash enhancing nodule in hepatic segment VIII is currently visualised as a elongated flash enhancing focus (7\23). It measures 6 x 2 mm. There is no convincing washout subsequently. It remains indeterminate. The other segment VIII nodule more superiorly near the dome is not also stable in size at approximately 13 x 10 mm. (17\28). There is no arterial hyperenhancement and thisis seen as a hypoenhancing nodule on the venous and delayed phases. No new suspicious lesion is seen around the segment VII post ablation site. No suspicious hypervascular lesion to suggest hypercellular carcinoma (HCC) is noted. Patent portal veins. The underlying liver is cirrhotic. There are para-oesophageal varices. The spleen is not enlarged and no focal splenic lesion is identified. There is small amount of ascites. No pneumoperitoneum. There is no significantly enlarged lymph node. The gallbladder, pancreas and adrenal glands are unremarkable. The biliary tree is not dilated. There is no significantly enlarged lymph node. There are atherosclerotic changes in the aorta with stable ectasia in the infrarenal abdominal aorta (2.6 cm). There is no bony destruction. CONCLUSION No HCC is seen. The previously seen segment VIII flash enhancing nodule is visualised as an elongated flash enhancing focus which remains indeterminate. The other segmentVIII non-hypervascular nodule is stable in size. There is a new small focus of ground-glass change in the right upper lobe, adjacent to the transverse fissure and near the the known post inflammatory changes. This may be due to infection\inflammation. Stable mucous plugging in the middle lobe. . Report Indicator: Known \ Minor Finalised by: <DOCTOR>

Accession Number: 1e68d3d1b8df0679cc878a8e661f4d9b8cbfad5ac9a160fdb008514e2fd036f1

Updated Date Time: 21/5/2019 11:08

## Layman Explanation

This radiology report discusses HISTORY cryptogenic liver cirrhosis HCC S\P RFA segment 7 indeterminate segment 8 lesion ?inflamatory lesion lung surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS Comparison is made with 01\11\2018 CT. THORAX The mucus plugging in the middle lobe is relatively stable. Post inflammatory changes are seen in the right upper lobe. Inferior to this and adjacent to the transverse fissure (21\46, 12\45) is an area of ground-glass change which is new and may be an inflammatory\infective focus. There is no consolidation or pleural effusion. The major airways are patent. There is no cardiomegaly pericardial effusion. No significantly enlarged lymph node is seen. Bilateral gynecomastia is noted. No bony destruction. ABDOMEN The previously seen flash enhancing nodule in hepatic segment VIII is currently visualised as a elongated flash enhancing focus (7\23). It measures 6 x 2 mm. There is no convincing washout subsequently. It remains indeterminate. The other segment VIII nodule more superiorly near the dome is not also stable in size at approximately 13 x 10 mm. (17\28). There is no arterial hyperenhancement and thisis seen as a hypoenhancing nodule on the venous and delayed phases. No new suspicious lesion is seen around the segment VII post ablation site. No suspicious hypervascular lesion to suggest hypercellular carcinoma (HCC) is noted. Patent portal veins. The underlying liver is cirrhotic. There are para-oesophageal varices. The spleen is not enlarged and no focal splenic lesion is identified. There is small amount of ascites. No pneumoperitoneum. There is no significantly enlarged lymph node. The gallbladder, pancreas and adrenal glands are unremarkable. The biliary tree is not dilated. There is no significantly enlarged lymph node. There are atherosclerotic changes in the aorta with stable ectasia in the infrarenal abdominal aorta (2.6 cm). There is no bony destruction. CONCLUSION No HCC is seen. The previously seen segment VIII flash enhancing nodule is visualised as an elongated flash enhancing focus which remains indeterminate. The other segmentVIII non-hypervascular nodule is stable in size. There is a new small focus of ground-glass change in the right upper lobe, adjacent to the transverse fissure and near the the known post inflammatory changes. This may be due to infection\inflammation. Stable mucous plugging in the middle lobe. . Report Indicator: Known \ Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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