# Row 3945

Visit Number: 49f35c8c1776990fb111e8537e96c4ed24849a2b4009c234c7c5842b72cab24f

Masked\_PatientID: 3936

Order ID: c65ca0d661145ef0c6e5b05fa13eb7bbde33437eba9e5a8235f08e4360976d3b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/2/2018 10:43

Line Num: 1

Text: HISTORY Known recurrent klatskin cancer on palliative xeloda/ TMZ since Dec17. Now presented with function decline, rising bilirubin and delirium. TRO disease progression vs HBS sepsis. TECHNIQUE Scans acquired as per departmentprotocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made previous CT of December 2017. No suspicious pulmonary nodule is detected. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Status post cholecystectomy and left hemihepatectomy and HJ. Stable ill-defined probably infiltrative soft tissue at the cut margin hilum of the remnant liver effacing the inflow artery and vein and causing upstream intrahepatic bile duct dilatation is largely stable. Within the liver itself the portal veins are not well seen. A new vague irregular area of low density change in segment five of the liver measuring about 2.4 x 1.6 cm (series 11 image 49) is indeterminate. Splenic varices with a splenorenal shunt and splenomegaly are noted in keeping portal hypertension with variceal dilatation of the left renal vein. A cyst at the uncinate process of the pancreas is larger than in 2015 but no worrisome features are present. The adrenals and both kidneys are unremarkable. There are a couple of small left-sided gastrocolic omental nodules another at the paracolic gutter and the iliac fossa are again shown. The previously described nodule in the vicinity or adjacent to sigmoid mesentery are nonspecific as is the previously described are small bowel mesentery nodularity. The bladder and bowel are unremarkable other than a right inguinal hernia that contains mainly small bowel. No ascites or enlarged para-aortic or pelvic lymph nodes are detected. The bone settings show no destructive lesion. CONCLUSION Stable findings since Dec 2017 except new ill-defined focal parenchymal lesion in segment five of the remnant liver. This may be inflammatory or neoplastic. Within the liver itself the portal veins are not well seen. May need further action Finalised by: <DOCTOR>

Accession Number: 9140db2c79abffb9c208a451c86beb2c3dc3baa73cb63da732a2c064c39a6878

Updated Date Time: 10/2/2018 13:29

## Layman Explanation

This radiology report discusses HISTORY Known recurrent klatskin cancer on palliative xeloda/ TMZ since Dec17. Now presented with function decline, rising bilirubin and delirium. TRO disease progression vs HBS sepsis. TECHNIQUE Scans acquired as per departmentprotocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made previous CT of December 2017. No suspicious pulmonary nodule is detected. No enlarged hilar or mediastinal lymph nodes, pleural or pericardial effusion. Status post cholecystectomy and left hemihepatectomy and HJ. Stable ill-defined probably infiltrative soft tissue at the cut margin hilum of the remnant liver effacing the inflow artery and vein and causing upstream intrahepatic bile duct dilatation is largely stable. Within the liver itself the portal veins are not well seen. A new vague irregular area of low density change in segment five of the liver measuring about 2.4 x 1.6 cm (series 11 image 49) is indeterminate. Splenic varices with a splenorenal shunt and splenomegaly are noted in keeping portal hypertension with variceal dilatation of the left renal vein. A cyst at the uncinate process of the pancreas is larger than in 2015 but no worrisome features are present. The adrenals and both kidneys are unremarkable. There are a couple of small left-sided gastrocolic omental nodules another at the paracolic gutter and the iliac fossa are again shown. The previously described nodule in the vicinity or adjacent to sigmoid mesentery are nonspecific as is the previously described are small bowel mesentery nodularity. The bladder and bowel are unremarkable other than a right inguinal hernia that contains mainly small bowel. No ascites or enlarged para-aortic or pelvic lymph nodes are detected. The bone settings show no destructive lesion. CONCLUSION Stable findings since Dec 2017 except new ill-defined focal parenchymal lesion in segment five of the remnant liver. This may be inflammatory or neoplastic. Within the liver itself the portal veins are not well seen. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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