# Row 3952

Visit Number: 35216314d42638f6b897dbd5ed475549c1b6fdc821854a7b11be24efd1af74ae

Masked\_PatientID: 3950

Order ID: c2a17965c31aff5eee040a6e620ac59b22e2878f8132f1aee61ade5e5dbe2ce6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/11/2015 11:54

Line Num: 1

Text: HISTORY stage 4 mantle cell lymphoma on ibrutinib for restaging TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of 80mls of intravenous Omnipaque 350 and Positive Rectal Contrast. FINDINGS Prior CT study in NCC dated 30 July 2015 was reviewed. The confluent para-aortic lymphadenopathy (encasing the abdominal aorta) shows overall mild interval reduction – for example, axial dimensions about 4.9 x 2.9 cm – Se 501/78 Vs 5.5 x 3.4 cm previously. The left para-aortic, aorto-caval and retrocaval nodes have also mildly regressed. No significant intra-thoracic or pelvic lymphadenopathy is seen. Stable splenomegaly (17.5 cm) is seen. A few small wedge-like peripheral splenic hypodensities (Se 501/22,38) could represent old infarcts. The mediastinal vessels opacify normally. No pericardial effusion is seen. Stable residual nodular thickening at the lateral basal segment of the right lower lobe. Mild atelectatic changes are present in the right lower lobe. No new consolidation is detected. No pleural effusion is present. A small diverticulum is seen arising from the right posterior wall of trachea (Se 401 Img 25). The liver shows normal enhancement and attenuation, save for a stable 5mm hypodensity in segment VI of the liver, too small to be characterised, but probably a cyst. Stable prominence of the common bile duct (measuring 1 cm), probably related to prior cholecystectomy. Slight prominence of main pancreatic duct is also seen. No discrete mass is seen in the pancreas. A 1.4 x 1.3cm hypodense nodule in the medial limb of the right adrenal gland is largely unchanged since 2008. The left adrenal gland is normal. Few tiny hypodensities in the both kidneys are too small to be characterised, possibly cysts. The bowel loops are not dilated. The prostate gland, seminal vesicles and urinary bladder show normal features. No ascites. No destructive bone lesion is detected. CONCLUSION Further mild regression of abdominal lymphadenopathy since prior CT of 30/07/15. (significant decrease when compared to prior CT of 12/01/15). Stable splenomegaly. Known / Minor Reported by: <DOCTOR>

Accession Number: a33fdadcb68779b112f6f76df8e855a4248d706170209d6d2f283f2351969a6f

Updated Date Time: 12/11/2015 11:40

## Layman Explanation

This radiology report discusses HISTORY stage 4 mantle cell lymphoma on ibrutinib for restaging TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of 80mls of intravenous Omnipaque 350 and Positive Rectal Contrast. FINDINGS Prior CT study in NCC dated 30 July 2015 was reviewed. The confluent para-aortic lymphadenopathy (encasing the abdominal aorta) shows overall mild interval reduction – for example, axial dimensions about 4.9 x 2.9 cm – Se 501/78 Vs 5.5 x 3.4 cm previously. The left para-aortic, aorto-caval and retrocaval nodes have also mildly regressed. No significant intra-thoracic or pelvic lymphadenopathy is seen. Stable splenomegaly (17.5 cm) is seen. A few small wedge-like peripheral splenic hypodensities (Se 501/22,38) could represent old infarcts. The mediastinal vessels opacify normally. No pericardial effusion is seen. Stable residual nodular thickening at the lateral basal segment of the right lower lobe. Mild atelectatic changes are present in the right lower lobe. No new consolidation is detected. No pleural effusion is present. A small diverticulum is seen arising from the right posterior wall of trachea (Se 401 Img 25). The liver shows normal enhancement and attenuation, save for a stable 5mm hypodensity in segment VI of the liver, too small to be characterised, but probably a cyst. Stable prominence of the common bile duct (measuring 1 cm), probably related to prior cholecystectomy. Slight prominence of main pancreatic duct is also seen. No discrete mass is seen in the pancreas. A 1.4 x 1.3cm hypodense nodule in the medial limb of the right adrenal gland is largely unchanged since 2008. The left adrenal gland is normal. Few tiny hypodensities in the both kidneys are too small to be characterised, possibly cysts. The bowel loops are not dilated. The prostate gland, seminal vesicles and urinary bladder show normal features. No ascites. No destructive bone lesion is detected. CONCLUSION Further mild regression of abdominal lymphadenopathy since prior CT of 30/07/15. (significant decrease when compared to prior CT of 12/01/15). Stable splenomegaly. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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