# Row 451

Visit Number: f2ff562818dd98b440a768ad0d50b7e445cef9156b4f3c5cb7e6af45269b0c4b

Masked\_PatientID: 451

Order ID: de2648bee1171ed9adadcd00ba435730b8f174cb00a4911fa1f85a1f022ce3db

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/7/2017 14:28

Line Num: 1

Text: HISTORY metastatic ascending colon adenocarcinoma s/p right hemicolectomy CT TAP for restaging has outpatient CT TAP schedule today, kindly convert to inpatient if possible; PLS USE low concentration iodinated contrast, Visapaque 270 with prednisolone as premedication PLS DO at least 3/7 prior med onco TCU Thank you so much! TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Vispaque 270 - Volume (ml): 80 FINDINGS Comparison with CT thorax dated 20 July 2016 and MRI liver dated 4 March 2017. Nonspecific hypodense nodules and calcification of the thyroid gland. Benign calcified granuloma in the right upper lobe. No suspicious pulmonary mass. There is no pleural or pericardialeffusion. Subcentimetre paratracheal lymph nodes are noted which are not significantly enlarged. No enlarged axillary or hilar lymph node. New ascites in the abdomen and pelvis. There is an ill-defined mass with Lipiodol deposition in the liver in segments IV, V and VIII, representing known metastasis. Segmental biliary dilatation is visualised in the right lobe predominantly in segment VIII as well as in the left hepatic lobe. There are new hypodense lesions that related to thedilated biliary tree in the left hepatic lobe (7-24, 29), likely biloma. The liver margins are irregular, suggesting cirrhosis. The gallbladder is contracted. The common bile duct is not overtly dilated. The spleen is top normal in size measuring 11.5 cm. Upper abdominal varices are noted. The pancreas is unremarkable and the pancreatic duct is not dilated. There is no adrenal mass. Cysts noted in both kidneys. No hydronephrosis. Prior right hemicolectomy is noted. The anastomotic site appears satisfactory. There is no overt bowel dilatation. Gastrojejunostomy is noted. The uterus, adnexa and under distended urinary bladder is grossly unremarkable. There is no overt bony destruction. CONCLUSION No CT evidence of pulmonary metastasis. Ill-defined mass in the liver in segment IV, V & VIII appear minimally larger but the size is difficult to assess due to technical differences between previous MRI and current CT. The central location of the mass results in stable biliary dilatation in both lobes, worse in the left lobe. There is development of blloma in the left hepatic lobe secondary to biliary obstruction. Irregular liver outline suggest cirrhosis and there are upper abdominal varicesdue to portal hypertension. There is new ascites in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: 3987e96580fc84f57a6565720e493d0ff7454e60119301dd19891d606ed709b2

Updated Date Time: 12/7/2017 15:34

## Layman Explanation

This radiology report discusses HISTORY metastatic ascending colon adenocarcinoma s/p right hemicolectomy CT TAP for restaging has outpatient CT TAP schedule today, kindly convert to inpatient if possible; PLS USE low concentration iodinated contrast, Visapaque 270 with prednisolone as premedication PLS DO at least 3/7 prior med onco TCU Thank you so much! TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Vispaque 270 - Volume (ml): 80 FINDINGS Comparison with CT thorax dated 20 July 2016 and MRI liver dated 4 March 2017. Nonspecific hypodense nodules and calcification of the thyroid gland. Benign calcified granuloma in the right upper lobe. No suspicious pulmonary mass. There is no pleural or pericardialeffusion. Subcentimetre paratracheal lymph nodes are noted which are not significantly enlarged. No enlarged axillary or hilar lymph node. New ascites in the abdomen and pelvis. There is an ill-defined mass with Lipiodol deposition in the liver in segments IV, V and VIII, representing known metastasis. Segmental biliary dilatation is visualised in the right lobe predominantly in segment VIII as well as in the left hepatic lobe. There are new hypodense lesions that related to thedilated biliary tree in the left hepatic lobe (7-24, 29), likely biloma. The liver margins are irregular, suggesting cirrhosis. The gallbladder is contracted. The common bile duct is not overtly dilated. The spleen is top normal in size measuring 11.5 cm. Upper abdominal varices are noted. The pancreas is unremarkable and the pancreatic duct is not dilated. There is no adrenal mass. Cysts noted in both kidneys. No hydronephrosis. Prior right hemicolectomy is noted. The anastomotic site appears satisfactory. There is no overt bowel dilatation. Gastrojejunostomy is noted. The uterus, adnexa and under distended urinary bladder is grossly unremarkable. There is no overt bony destruction. CONCLUSION No CT evidence of pulmonary metastasis. Ill-defined mass in the liver in segment IV, V & VIII appear minimally larger but the size is difficult to assess due to technical differences between previous MRI and current CT. The central location of the mass results in stable biliary dilatation in both lobes, worse in the left lobe. There is development of blloma in the left hepatic lobe secondary to biliary obstruction. Irregular liver outline suggest cirrhosis and there are upper abdominal varicesdue to portal hypertension. There is new ascites in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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