# Row 452

Visit Number: ca07c1a442f5caac018c29ffc1aa1334cca887569ec04f9ac50b8d3001a41970

Masked\_PatientID: 451

Order ID: fb9cde34907b40469d6c76da66c19bca550f69056a569723a921e290781e6c75

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/9/2017 13:42

Line Num: 1

Text: HISTORY colon cancer with solitary liver mets has stent in-situ presents with worsening jaundice and symptoms suggestive of obstructive jaundice for CT TAP - re-staging - look for causes of jaundice: blocked stent vs. cirrhosis vs. cholangitis TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Vispaque 270 - Volume (ml): 75 FINDINGS The CT on 12 July 2017 is reviewed. Hypodense nodules and coarse calcifications are seen in the bulky thyroid. Heart size is normal. Coronary atherosclerosis is seen. The mediastinal vessels opacify normally. Non-specific small volume cardiophrenic lymph nodes measuring up to 5 mm (502-65). No enlarged supraclavicular, axillary, mediastinal or hilar lymph node. Increased prominence of triangular 4 mm nodule in the right upper lobe apical segment from prior 2 mm is indeterminate (501-19 versus prior 6-20). There is a calcified granuloma in the right upper lobe posterior segment. Mild biapical pleural effusions with passive atelectasis. Status post right hemicolectomy with en-bloc resection of duodenum and duodenojejunostomy. No gross mass is seen at the anastomosis suggest local recurrence. Bowel loops are not dilated. The hepatic outline is nodular with left hepatic lobe hypertrophy indicating cirrhosis. There is splenomegaly, gastro-oesophageal varices and mild ascites suggesting portal hypertension. The left portal vein shows early filling during the arterial phase suggesting arterioportal shunt. An interval biliary stent in the common bile duct extending to the left hepatic duct has been deployed; debris/soft tissue occluding the stent lumen is seen. The intrahepatic biliary tree appears slightly more dilated than prior study although the left lobe remains more dilated compared to the right. Increased size and number of hypodensities in both hepatic lobes suggest bilomas. E.g. in posterior segment 3 (601-37 versus prior 7-27). The large ill-defined mass epicentred in segment IV showing lipoidol deposition is grossly stable, in keeping with treated metastasis. The gallbladder is contracted. The pancreas and adrenals appear unremarkable. Bilateral renal cysts are noted, correlating with the prior MRI liver on 4 March 2017. The urinary bladder and uterus appear unremarkable. No significant enlarged abdominal or pelvic lymph node. No discrete peritoneal nodule is identified. There is no osseous destruction. CONCLUSION Interval deployment of a biliary stent from CBD to left intrahepatic duct. However, debris/soft tissue is seen within the stent lumen. There is also slight worsening of intrahepatic biliary tree dilatation with increased size and number of bilomas. These findings suggest stent blockage. Grossly stable treated hepatic metastases epicentred in segment IV. The small, triangular nodule at the right upper lobe apex is more prominent and could represent a metastasis. Attention on follow up is suggested. Liver cirrhosis with portal hypertension . Further action or early intervention required Reported by: <DOCTOR>

Accession Number: ba0fc6052acd72827a734cbf6a43d59db9638077795b69312fce51b6a61f31a3

Updated Date Time: 22/9/2017 17:03

## Layman Explanation

This radiology report discusses HISTORY colon cancer with solitary liver mets has stent in-situ presents with worsening jaundice and symptoms suggestive of obstructive jaundice for CT TAP - re-staging - look for causes of jaundice: blocked stent vs. cirrhosis vs. cholangitis TECHNIQUE CT chest, abdomen and pelvis was performed with coronal reconstruction. Intravenous contrast: Vispaque 270 - Volume (ml): 75 FINDINGS The CT on 12 July 2017 is reviewed. Hypodense nodules and coarse calcifications are seen in the bulky thyroid. Heart size is normal. Coronary atherosclerosis is seen. The mediastinal vessels opacify normally. Non-specific small volume cardiophrenic lymph nodes measuring up to 5 mm (502-65). No enlarged supraclavicular, axillary, mediastinal or hilar lymph node. Increased prominence of triangular 4 mm nodule in the right upper lobe apical segment from prior 2 mm is indeterminate (501-19 versus prior 6-20). There is a calcified granuloma in the right upper lobe posterior segment. Mild biapical pleural effusions with passive atelectasis. Status post right hemicolectomy with en-bloc resection of duodenum and duodenojejunostomy. No gross mass is seen at the anastomosis suggest local recurrence. Bowel loops are not dilated. The hepatic outline is nodular with left hepatic lobe hypertrophy indicating cirrhosis. There is splenomegaly, gastro-oesophageal varices and mild ascites suggesting portal hypertension. The left portal vein shows early filling during the arterial phase suggesting arterioportal shunt. An interval biliary stent in the common bile duct extending to the left hepatic duct has been deployed; debris/soft tissue occluding the stent lumen is seen. The intrahepatic biliary tree appears slightly more dilated than prior study although the left lobe remains more dilated compared to the right. Increased size and number of hypodensities in both hepatic lobes suggest bilomas. E.g. in posterior segment 3 (601-37 versus prior 7-27). The large ill-defined mass epicentred in segment IV showing lipoidol deposition is grossly stable, in keeping with treated metastasis. The gallbladder is contracted. The pancreas and adrenals appear unremarkable. Bilateral renal cysts are noted, correlating with the prior MRI liver on 4 March 2017. The urinary bladder and uterus appear unremarkable. No significant enlarged abdominal or pelvic lymph node. No discrete peritoneal nodule is identified. There is no osseous destruction. CONCLUSION Interval deployment of a biliary stent from CBD to left intrahepatic duct. However, debris/soft tissue is seen within the stent lumen. There is also slight worsening of intrahepatic biliary tree dilatation with increased size and number of bilomas. These findings suggest stent blockage. Grossly stable treated hepatic metastases epicentred in segment IV. The small, triangular nodule at the right upper lobe apex is more prominent and could represent a metastasis. Attention on follow up is suggested. Liver cirrhosis with portal hypertension . Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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