# Row 6748

Visit Number: f420c94263bebac6e33f75a41c19dd6a51688c9d23be20316a940d5c8184f574

Masked\_PatientID: 6732

Order ID: d4875a456888271a476d60f1aed98ae5d3e474d87ea46041cca106315b1b41b5

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/3/2019 19:38

Line Num: 1

Text: HISTORY Mantle cell lymphoma, PSC to look for lymphadenopathy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Abdomen and pelvis There is no enlarged para-aortic or pelvic lymph nodes. There is significant dilatation of the intrahepatic ducts with some evidence of mild enhancement of the duct at the confluence of the left and right bile ducts. The common duct appears unremarkable with no filling defects. The gallbladder is partially distended and appears unremarkable. No focal suspicious hepatic mass is demonstrated. There are a few small cysts present within the liver. The haemangiomas that had been previously identified on the MR examination is not well demonstrated on the current examination. Slight heterogeneity of the parenchyma on the arterial phase affecting segment VII and segment VIII do not have corresponding suspicious lesion. The pancreas, spleen and the adrenals are unremarkable. The bowel shows no suspicious thickening or dilatation and no free fluid is seen within the abdomen. Both kidneys are seen to enhance in a normal symmetrical manner with no focal suspicious mass. A cyst is present in the upper pole ofthe left kidney. The urinary bladder appears unremarkable. The prostate and seminal vesicles are normal. Thorax There are no enlarged hilar or mediastinal lymph nodes. The lymph node in the precarinal region with a short axis of under 1 cm isunchanged. A small paracardiac lymph node is present and has decreased in size. The heart size is normal. The pulmonary parenchyma shows no focal suspicious abnormality. A tiny stable, punctate density measuring a few mm is present in the apical segment of the left lower lobe (series five image 47). Ground-glass opacity reported in the right upper lobe on the previous examination is no longer present. The airways are unremarkable. Symmetry of the pulmonary vasculature is present. No destructive bony lesions are identified. CONCLUSION No evidence of lymph node enlargement is seen within the thorax, abdomen or pelvis. The spleen is of normal size. There is a significant dilatation of the intrahepatic ducts with some irregularity and beading of the bile ducts that would be compatible with presence of a primary sclerosing cholangitis. The dilatation of the bile ducts is similar to that seen on the recent MR examination of 12 January 2019. Report Indicator:May need further action Finalised by: <DOCTOR>

Accession Number: a358df47db409a892bc00820d5e10ffa7fc4af24aa24bdf44e83c4781f7f905a

Updated Date Time: 18/3/2019 19:00

## Layman Explanation

This radiology report discusses HISTORY Mantle cell lymphoma, PSC to look for lymphadenopathy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Abdomen and pelvis There is no enlarged para-aortic or pelvic lymph nodes. There is significant dilatation of the intrahepatic ducts with some evidence of mild enhancement of the duct at the confluence of the left and right bile ducts. The common duct appears unremarkable with no filling defects. The gallbladder is partially distended and appears unremarkable. No focal suspicious hepatic mass is demonstrated. There are a few small cysts present within the liver. The haemangiomas that had been previously identified on the MR examination is not well demonstrated on the current examination. Slight heterogeneity of the parenchyma on the arterial phase affecting segment VII and segment VIII do not have corresponding suspicious lesion. The pancreas, spleen and the adrenals are unremarkable. The bowel shows no suspicious thickening or dilatation and no free fluid is seen within the abdomen. Both kidneys are seen to enhance in a normal symmetrical manner with no focal suspicious mass. A cyst is present in the upper pole ofthe left kidney. The urinary bladder appears unremarkable. The prostate and seminal vesicles are normal. Thorax There are no enlarged hilar or mediastinal lymph nodes. The lymph node in the precarinal region with a short axis of under 1 cm isunchanged. A small paracardiac lymph node is present and has decreased in size. The heart size is normal. The pulmonary parenchyma shows no focal suspicious abnormality. A tiny stable, punctate density measuring a few mm is present in the apical segment of the left lower lobe (series five image 47). Ground-glass opacity reported in the right upper lobe on the previous examination is no longer present. The airways are unremarkable. Symmetry of the pulmonary vasculature is present. No destructive bony lesions are identified. CONCLUSION No evidence of lymph node enlargement is seen within the thorax, abdomen or pelvis. The spleen is of normal size. There is a significant dilatation of the intrahepatic ducts with some irregularity and beading of the bile ducts that would be compatible with presence of a primary sclerosing cholangitis. The dilatation of the bile ducts is similar to that seen on the recent MR examination of 12 January 2019. Report Indicator:May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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