# Row 6733

Visit Number: 727461dffc7b9b101a28d40f863bf006804c33df3a08da77edb08e07b8921472

Masked\_PatientID: 6732

Order ID: ec3ea0fbd14618179767c9d674e34090591d7f7e5572675d66472a19f124c816

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/9/2018 18:04

Line Num: 1

Text: HISTORY Tramsaminitis (cholestatic pattern) with thrombocytopenia for invx TRO solid organ tumour EUS FNA showed diffusely irregular bile duct walls from CBD to main intrahepatic ducts. ?inflammatory. Possible stricture in the distal CBD/ ampulla. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Note made of recent MRCP study dated 12/09/2018. In chest, the mediastinal vasculature enhances normally. There are borderline sized lymph nodes measuring up to 9 mm in short axis in precarinal region (502-42), indeterminate but possibly reactive. There is an ovoid appearing lymph node anterior to pericardium more inferiorly (502-85) which does not appear significantly enlarged. There is a subpleural ground-glass opacity in the right upper lobe abutting fissure (501-40), likely postinflammatory. There is a 3 mm nodule in the left lower lobe with another ground-glass nodule adjacentto it (501-50), both appear nonspecific. No discrete lung mass. Airways are patent. No pleural or pericardial effusions. Bilobar intra and extra hepatic biliary dilatation is noted again appearing marginally less prominent compared to previous MR study. There has been interval insertion of a CBD stent which is in situ. There is resultant pneumobilia. No discrete mass is seen in the region of pancreatic head or ampulla. The pancreatic duct is not dilated and the pancreas otherwise appears grossly unremarkable. There are a couple of hypodensities in both hepatic lobes which are too small characterisation but likely cysts. There are two enhancing nodules in segment VI (401-26, 30) correspond to haemangiomas seen on previous MR study. A few vague areas of enhancement also present without any corresponding abnormality, possibly perfusion related. (401-62). The gallbladder is better distended in current study. No calcified gallstones or significant gallbladder wall thickening is seen. There are borderline prominent lymph nodes at porta, indeterminate (401-37). Also there is a 1.2 cm ovoid nodule anterior to the left kidney (401-46) ? lymph node. This was also present on previous MR study. The spleen, adrenal glands, kidneys and bowel loops appear grossly normal save for a stable left renal upper pole cyst. Minimal free fluid in the pelvis, nonspecific. Urinary bladder and prostate gland appear unremarkable. No destructive bony lesions. CONCLUSION 1. Intra and extra hepatic biliary dilatation with interval insertion of a CBD stent. Some biliary dilatation is still present, slightly less prominent compared to recent MR study. No discrete obstructing mass is identified. 2. Bilobar hepatic hypodensities, likely cysts and two haemangiomas in right lobe, also seen on previous MRCP study. 3. Borderline prominent to slightly enlarged lymph nodes at porta, indeterminate. 4. A 1.2 cm ovoid nodule anterior to left kidney, indeterminate? lymph node. 5. Two tiny lung nodules in the left lower lobe, appear nonspecific. 6. Borderline sized mediastinal nodes, possibly reactive. 7. Other minor findings as above. May need further action Finalised by: <DOCTOR>

Accession Number: 0ae8c913cc6b9203b9a4bd5cbb12b57c67ec5ca6499e620a0e586c83195057ef

Updated Date Time: 18/9/2018 11:24

## Layman Explanation

This radiology report discusses HISTORY Tramsaminitis (cholestatic pattern) with thrombocytopenia for invx TRO solid organ tumour EUS FNA showed diffusely irregular bile duct walls from CBD to main intrahepatic ducts. ?inflammatory. Possible stricture in the distal CBD/ ampulla. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Note made of recent MRCP study dated 12/09/2018. In chest, the mediastinal vasculature enhances normally. There are borderline sized lymph nodes measuring up to 9 mm in short axis in precarinal region (502-42), indeterminate but possibly reactive. There is an ovoid appearing lymph node anterior to pericardium more inferiorly (502-85) which does not appear significantly enlarged. There is a subpleural ground-glass opacity in the right upper lobe abutting fissure (501-40), likely postinflammatory. There is a 3 mm nodule in the left lower lobe with another ground-glass nodule adjacentto it (501-50), both appear nonspecific. No discrete lung mass. Airways are patent. No pleural or pericardial effusions. Bilobar intra and extra hepatic biliary dilatation is noted again appearing marginally less prominent compared to previous MR study. There has been interval insertion of a CBD stent which is in situ. There is resultant pneumobilia. No discrete mass is seen in the region of pancreatic head or ampulla. The pancreatic duct is not dilated and the pancreas otherwise appears grossly unremarkable. There are a couple of hypodensities in both hepatic lobes which are too small characterisation but likely cysts. There are two enhancing nodules in segment VI (401-26, 30) correspond to haemangiomas seen on previous MR study. A few vague areas of enhancement also present without any corresponding abnormality, possibly perfusion related. (401-62). The gallbladder is better distended in current study. No calcified gallstones or significant gallbladder wall thickening is seen. There are borderline prominent lymph nodes at porta, indeterminate (401-37). Also there is a 1.2 cm ovoid nodule anterior to the left kidney (401-46) ? lymph node. This was also present on previous MR study. The spleen, adrenal glands, kidneys and bowel loops appear grossly normal save for a stable left renal upper pole cyst. Minimal free fluid in the pelvis, nonspecific. Urinary bladder and prostate gland appear unremarkable. No destructive bony lesions. CONCLUSION 1. Intra and extra hepatic biliary dilatation with interval insertion of a CBD stent. Some biliary dilatation is still present, slightly less prominent compared to recent MR study. No discrete obstructing mass is identified. 2. Bilobar hepatic hypodensities, likely cysts and two haemangiomas in right lobe, also seen on previous MRCP study. 3. Borderline prominent to slightly enlarged lymph nodes at porta, indeterminate. 4. A 1.2 cm ovoid nodule anterior to left kidney, indeterminate? lymph node. 5. Two tiny lung nodules in the left lower lobe, appear nonspecific. 6. Borderline sized mediastinal nodes, possibly reactive. 7. Other minor findings as above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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