# Row 7304

Visit Number: a4b0562c5253a47ad8e62dab5ff4d56ea95589e3bee9e6e1a847196a53a8705c

Masked\_PatientID: 7297

Order ID: 05919114f1e8eca332d8808f98fb434623c7718ae2031cfcf9a72631926c415c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/9/2019 11:59

Line Num: 1

Text: HISTORY Persistent fevers. initially febrile, chills, rigors. on D6 meropenem/vancomycin, still having fever however. To look for any infection source.; b/g mets gastric cancer C3D19 Folfox/nivolumab. TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with the CT of 26 August 2019 (National Cancer Centre). The right central venous catheter tip is in the superior vena cava. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. Heart size is normal. A small amount of pericardial fluid is present. New moderate-sized bilateral pleural effusions are present. Previously noted bilateral pulmonary nodules are mostly larger. For example, one left lower lobe nodule is now 1.5 cm compared to 0.9 cm previously (401-55 vs prior 4-74). Prominent background pulmonary emphysema noted. No consolidation seen. The central airways are grossly patent. Scattered bilobar hepatic lesions demonstrate mixed response. Some of the previously noted hypervascular hepatic lesions are larger but appear necrotic now. For example, one segment 2 lesion is now 3.1 cm compared to 2.2 cm previously (501-27 vs prior 5-109). Another segment 5/6 lesion is now 6.2 cm compared to 5.2 cm previously (501-46 vs prior 5-139). The previously noted caudate lobe lesion is stable 1.9 cm (501-22). The gallbladder is contracted. No significant biliary ductal dilatation is seen. Multiple new hypodense splenic lesions are seen, measuring up to 1.2 cm (501-36). The pancreas, adrenal glands and kidneys appear unremarkable. No hydronephrosis is seen. A stable tiny right renal lower pole hypodensity is nonspecific but likely a cyst. The partially contracted urinary bladder, prostate gland and seminal vesicles appear grossly unremarkable. There is a hiatus hernia. Mural thickening at the gastric fundus appears more prominent than before but exact measurements are difficult to compare. There is mild colonic faecal loading. No grossly dilated bowel loop is detected. New borderline enlarged periportal lymph nodes are seen (1 cm short axis, image 501-45). No significantly enlarged para-aortic or pelvic lymph node is identified. There is background atherosclerosis. Mild ascites noted. New lytic lesions are seen in the left tenth rib (401-91) and T7 vertebral body (401-45). CONCLUSION Since 26 August 2019: 1. Interval enlargement of bilateral pulmonary nodules. No consolidation. 2. Mixed response of hepatic lesions, some larger (and more necrotic) while others are stable in size. 3. New lytic lesions in the left 10th rib and T7 vertebral body, likely metastases. 4. Multiple new hypodense splenic lesions, indeterminate but favouring metastases over infection in view of changes elsewhere. 5. New borderline enlarged periportal lymph nodes. 6. Increased gastric fundus mural thickening (but exact measurements are difficult to compare). 7. New moderate-sized bilateral pleural effusions and mild ascites. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 85b173ed593d404ae35313ca395c637dce147bce66d815f0562226589cdbb40f

Updated Date Time: 24/9/2019 13:47

## Layman Explanation

This radiology report discusses HISTORY Persistent fevers. initially febrile, chills, rigors. on D6 meropenem/vancomycin, still having fever however. To look for any infection source.; b/g mets gastric cancer C3D19 Folfox/nivolumab. TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with the CT of 26 August 2019 (National Cancer Centre). The right central venous catheter tip is in the superior vena cava. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. Heart size is normal. A small amount of pericardial fluid is present. New moderate-sized bilateral pleural effusions are present. Previously noted bilateral pulmonary nodules are mostly larger. For example, one left lower lobe nodule is now 1.5 cm compared to 0.9 cm previously (401-55 vs prior 4-74). Prominent background pulmonary emphysema noted. No consolidation seen. The central airways are grossly patent. Scattered bilobar hepatic lesions demonstrate mixed response. Some of the previously noted hypervascular hepatic lesions are larger but appear necrotic now. For example, one segment 2 lesion is now 3.1 cm compared to 2.2 cm previously (501-27 vs prior 5-109). Another segment 5/6 lesion is now 6.2 cm compared to 5.2 cm previously (501-46 vs prior 5-139). The previously noted caudate lobe lesion is stable 1.9 cm (501-22). The gallbladder is contracted. No significant biliary ductal dilatation is seen. Multiple new hypodense splenic lesions are seen, measuring up to 1.2 cm (501-36). The pancreas, adrenal glands and kidneys appear unremarkable. No hydronephrosis is seen. A stable tiny right renal lower pole hypodensity is nonspecific but likely a cyst. The partially contracted urinary bladder, prostate gland and seminal vesicles appear grossly unremarkable. There is a hiatus hernia. Mural thickening at the gastric fundus appears more prominent than before but exact measurements are difficult to compare. There is mild colonic faecal loading. No grossly dilated bowel loop is detected. New borderline enlarged periportal lymph nodes are seen (1 cm short axis, image 501-45). No significantly enlarged para-aortic or pelvic lymph node is identified. There is background atherosclerosis. Mild ascites noted. New lytic lesions are seen in the left tenth rib (401-91) and T7 vertebral body (401-45). CONCLUSION Since 26 August 2019: 1. Interval enlargement of bilateral pulmonary nodules. No consolidation. 2. Mixed response of hepatic lesions, some larger (and more necrotic) while others are stable in size. 3. New lytic lesions in the left 10th rib and T7 vertebral body, likely metastases. 4. Multiple new hypodense splenic lesions, indeterminate but favouring metastases over infection in view of changes elsewhere. 5. New borderline enlarged periportal lymph nodes. 6. Increased gastric fundus mural thickening (but exact measurements are difficult to compare). 7. New moderate-sized bilateral pleural effusions and mild ascites. 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.