# Row 7301

Visit Number: b23cda5ef3d59f683891934b4bea53a2897f75214887502950eef1ed7db67fe0

Masked\_PatientID: 7297

Order ID: e8323370b4cbdd1fcdb54d13e8cb4194acc127364a9962e9db1972cf19283a79

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/5/2019 15:09

Line Num: 1

Text: HISTORY on piptazo still spiking fever WBC uptrending Repeat CT TAP to look for source of sepsis. ? sealed perforation of gastric tumour. TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Oral contrast material was given. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT dated 8 May 2019. THORAX Bilateral pulmonary nodules are again noted, most of which appear larger: - Interval increase in right upper lobe nodules measuring up to 0.7 cm from 0.5 cm (series 6-36, 40, 42 vs prev 4-46, 52, 54). - Stable right perifissural nodules measuring up to 0.7 cm (series 6-46 vs prev 4-57). - Interval increase in right lower lobe nodules now measures 0.6 cm (series 6-58, 68 vs prev 4-73, 88). - Interval increase in lingula nodule now measures 0.5 cm from 0.3 cm (series 6-65 vs prev 4-81). No consolidation noted. Small bilateral pleural effusions are seen, larger on the left. Severe centrilobularand paraseptal emphysema. No enlarged intrathoracic lymph node is detected. Right Port-A-Cath noted with its tip in the right atrium. ABDOMEN AND PELVIS There is interval decrease in size of the mass in the gastric fundus, measuring 5.8 x 3.7 cm now (series 8 image 22) compared to 7.2 x 5.3 cm before (series 5 image 113). There is dilatation of the distal oesophagus, containing orally administered contrast material in the dependent portion. There is distal passage of orally adminsitered contrast material, suggesting no obstruction. No pneumomediastinum is seen to suggest a perforated oesophagus. The liver is enlarged and there are multiple hepatic lesions, several now showing necrosis: - Interval decrease in size of a segment 3 lesion, now measuring 1.9 x 1.3 cm from 3.5 x 2.2 cm (series 7-33 vs prev 5-124). The surrounding rim-enhancement has also improved. - The largest lesion (segment 5/6) is stable in size but now shows necrosis (series 7-51 vs prev 5-144). - Several segment 4 lesions appear larger (e.g., series 7-34 vs prev 5-121). The portal vein, hepatic veins and inferior vena cava are patent. No pneumoperitoneum is seen to suggest a perforated viscus. Stable wedge-shaped splenic hypodensity may be perfusional. The gallbladder, biliary tree, pancreas and adrenal glands are unremarkable. No solid renal mass or hydronephrosis is detected. A small right renal hypodensity likely represents a cyst. The bowel loops are normal in calibre and distribution. A small amount of ascites is seen. Mild prostatomegaly. The urinary bladder appears unremarkable. No destructive osseous lesion. Degenerative changes are seen in the spine. CONCLUSION Interval decreasein size of the primary gastric tumour. No evidence of perforation is seen. Interval increase in size of the pulmonary metastases. Several hepatic lesions show necrosis. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: bcb9db599aa9c162dfd8c1b4c8f8124c0aa83185f9bfa5b7b21b3c6098ea1748

Updated Date Time: 28/5/2019 18:09

## Layman Explanation

This radiology report discusses HISTORY on piptazo still spiking fever WBC uptrending Repeat CT TAP to look for source of sepsis. ? sealed perforation of gastric tumour. TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Oral contrast material was given. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT dated 8 May 2019. THORAX Bilateral pulmonary nodules are again noted, most of which appear larger: - Interval increase in right upper lobe nodules measuring up to 0.7 cm from 0.5 cm (series 6-36, 40, 42 vs prev 4-46, 52, 54). - Stable right perifissural nodules measuring up to 0.7 cm (series 6-46 vs prev 4-57). - Interval increase in right lower lobe nodules now measures 0.6 cm (series 6-58, 68 vs prev 4-73, 88). - Interval increase in lingula nodule now measures 0.5 cm from 0.3 cm (series 6-65 vs prev 4-81). No consolidation noted. Small bilateral pleural effusions are seen, larger on the left. Severe centrilobularand paraseptal emphysema. No enlarged intrathoracic lymph node is detected. Right Port-A-Cath noted with its tip in the right atrium. ABDOMEN AND PELVIS There is interval decrease in size of the mass in the gastric fundus, measuring 5.8 x 3.7 cm now (series 8 image 22) compared to 7.2 x 5.3 cm before (series 5 image 113). There is dilatation of the distal oesophagus, containing orally administered contrast material in the dependent portion. There is distal passage of orally adminsitered contrast material, suggesting no obstruction. No pneumomediastinum is seen to suggest a perforated oesophagus. The liver is enlarged and there are multiple hepatic lesions, several now showing necrosis: - Interval decrease in size of a segment 3 lesion, now measuring 1.9 x 1.3 cm from 3.5 x 2.2 cm (series 7-33 vs prev 5-124). The surrounding rim-enhancement has also improved. - The largest lesion (segment 5/6) is stable in size but now shows necrosis (series 7-51 vs prev 5-144). - Several segment 4 lesions appear larger (e.g., series 7-34 vs prev 5-121). The portal vein, hepatic veins and inferior vena cava are patent. No pneumoperitoneum is seen to suggest a perforated viscus. Stable wedge-shaped splenic hypodensity may be perfusional. The gallbladder, biliary tree, pancreas and adrenal glands are unremarkable. No solid renal mass or hydronephrosis is detected. A small right renal hypodensity likely represents a cyst. The bowel loops are normal in calibre and distribution. A small amount of ascites is seen. Mild prostatomegaly. The urinary bladder appears unremarkable. No destructive osseous lesion. Degenerative changes are seen in the spine. CONCLUSION Interval decreasein size of the primary gastric tumour. No evidence of perforation is seen. Interval increase in size of the pulmonary metastases. Several hepatic lesions show necrosis. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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