# Row 8376

Visit Number: 81bff520c4875f3d9be43db1fb4e3699e7d190f1eda8d7dcd1620f8fe37f8b40

Masked\_PatientID: 8373

Order ID: 6ce93c92f6e5093d8f4bbbc53f181411b5af6ab1bd22a3bb70eb74b40045b29f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/1/2017 10:02

Line Num: 1

Text: HISTORY metastatic breast ca to re-stage, raised LFTs and hyponatraemia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with previous CT chest abdomen and pelvis dated 15/12/2016 ABDOMEN AND PELVIS New dilatation of intra and extrahepatic biliary ducts with the CBD measuring 14 mm and tapering (504-53) at the upper aspect of the pancreas. There is mild thickening of the biliary wall distally. No calcified biliary stone is seen. There is increased bulkiness of the pancreas (especially at the pancreatic head) with minimal adjacent fat stranding, raising the likelihood of mild pancreatitis. No change of a small 19 mm hypodensity at the pancreatic tail near the splenic hilum (501-31), noted on CT of Dec 2016 and not seen in Aug 2015. No pancreatic parenchyma necrosis, pancreatic duct dilatation, drainable collection or vascular complication is identified. The gallbladder shows increased distension, with no wall thickening. A calcified gallstone is unchanged. No suspicious focal hepatic lesion detected. Portal and hepatic veins enhance normally. Right adrenal mass increases from prior 26 x 19 mm to current 35 x 24 mm, likely metastatic. Left adrenal gland and spleen are unremarkable. Numerous cysts are noted in both kidneys, relatively unchanged from before, some of which remains too small to characterise. The urinary bladder is under distended. Tiny intravesical air may be due to indwelling catheter. The uterus and both ovaries are unremarkable. Small amount of free pelvic fluid is seen. The left sided mid small bowel shows suggestion of a segment of wall thickening (501-90, 504-75), previously less conspicuous (501-88, 504-75). Extensive retroperitoneal and mesenteric lymphadenopathy is noted, some of which along the left para-aortic and right common iliac chain have increased slightly. A left external iliac node again measures 35 x 25 mm. A few left gastric nodes are new. THORAX AND BONES Previous bilateral mastectomy and axillary clearance noted. There is persistent thickening of the surgical bed which may represent post treatment change. There is further enlargement of the left subpectoral nodal mass from prior 52 x 45 mm to current 60 x 50 mm, again encasing the left subclavian/axillary vessels. There is also slight increase in the size of the right anterior supradiaphragmatic node. The other enlarged nodes in the lower anterior chest wall and small volume nodes in both supraclavicular/lower cervical, left internal mammary, left prevascular and right subcarinal region are unchanged. The 7mm enhancing nodulein the subcutaneous fat of the left posterolateral flank (501-26) is also stable. Stable 11 mm nodule in basal right lower lobe (401-64). Calcified granuloma and adjacent pleural calcifications in left lower lobe are unchanged. No consolidation or pleural effusion is seen. Stable patchy sclerotic left medial clavicle remain suspicious for bony metastasis. Stable tiny well defined sclerotic foci in right 7th and 8th ribs (402-52, 59) are possibly bone islands. No new bony metastases demonstrated. CONCLUSION Since last CT of 15/12/2016, overall mild progression noted. 1. Status post bilateral mastectomy for past malignancy. 2. Extensive lymphadenopathy in the thorax, abdomen and pelvis, some of them stable andsome shows slight increase, such as at the left subpectoral region and new at the left gastric region. 3. Stable lung nodule in right lower lobe is non-specific. 4. Slight progression of right adrenal metastases. 5. Stable hypodensity faintly seen at pancreatic tail, possibly metastatic. 6. New biliary dilatation tapering at the upper aspect of the pancreas. There is interval pancreatitis with mild enlargement and peripancreatic stranding. No drainable collection or vascularcomplication noted. Although no discrete mass is seen on CT, if there is persistence of biliary dilatation, MRCP can be considered. 7. No calcified biliary stone is seen. Stable uncomplicated gallstone. 8. Stable bony metastases at left medial clavicle. May need further action Reported by: <DOCTOR>

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## Layman Explanation

This radiology report discusses HISTORY metastatic breast ca to re-stage, raised LFTs and hyponatraemia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with previous CT chest abdomen and pelvis dated 15/12/2016 ABDOMEN AND PELVIS New dilatation of intra and extrahepatic biliary ducts with the CBD measuring 14 mm and tapering (504-53) at the upper aspect of the pancreas. There is mild thickening of the biliary wall distally. No calcified biliary stone is seen. There is increased bulkiness of the pancreas (especially at the pancreatic head) with minimal adjacent fat stranding, raising the likelihood of mild pancreatitis. No change of a small 19 mm hypodensity at the pancreatic tail near the splenic hilum (501-31), noted on CT of Dec 2016 and not seen in Aug 2015. No pancreatic parenchyma necrosis, pancreatic duct dilatation, drainable collection or vascular complication is identified. The gallbladder shows increased distension, with no wall thickening. A calcified gallstone is unchanged. No suspicious focal hepatic lesion detected. Portal and hepatic veins enhance normally. Right adrenal mass increases from prior 26 x 19 mm to current 35 x 24 mm, likely metastatic. Left adrenal gland and spleen are unremarkable. Numerous cysts are noted in both kidneys, relatively unchanged from before, some of which remains too small to characterise. The urinary bladder is under distended. Tiny intravesical air may be due to indwelling catheter. The uterus and both ovaries are unremarkable. Small amount of free pelvic fluid is seen. The left sided mid small bowel shows suggestion of a segment of wall thickening (501-90, 504-75), previously less conspicuous (501-88, 504-75). Extensive retroperitoneal and mesenteric lymphadenopathy is noted, some of which along the left para-aortic and right common iliac chain have increased slightly. A left external iliac node again measures 35 x 25 mm. A few left gastric nodes are new. THORAX AND BONES Previous bilateral mastectomy and axillary clearance noted. There is persistent thickening of the surgical bed which may represent post treatment change. There is further enlargement of the left subpectoral nodal mass from prior 52 x 45 mm to current 60 x 50 mm, again encasing the left subclavian/axillary vessels. There is also slight increase in the size of the right anterior supradiaphragmatic node. The other enlarged nodes in the lower anterior chest wall and small volume nodes in both supraclavicular/lower cervical, left internal mammary, left prevascular and right subcarinal region are unchanged. The 7mm enhancing nodulein the subcutaneous fat of the left posterolateral flank (501-26) is also stable. Stable 11 mm nodule in basal right lower lobe (401-64). Calcified granuloma and adjacent pleural calcifications in left lower lobe are unchanged. No consolidation or pleural effusion is seen. Stable patchy sclerotic left medial clavicle remain suspicious for bony metastasis. Stable tiny well defined sclerotic foci in right 7th and 8th ribs (402-52, 59) are possibly bone islands. No new bony metastases demonstrated. CONCLUSION Since last CT of 15/12/2016, overall mild progression noted. 1. Status post bilateral mastectomy for past malignancy. 2. Extensive lymphadenopathy in the thorax, abdomen and pelvis, some of them stable andsome shows slight increase, such as at the left subpectoral region and new at the left gastric region. 3. Stable lung nodule in right lower lobe is non-specific. 4. Slight progression of right adrenal metastases. 5. Stable hypodensity faintly seen at pancreatic tail, possibly metastatic. 6. New biliary dilatation tapering at the upper aspect of the pancreas. There is interval pancreatitis with mild enlargement and peripancreatic stranding. No drainable collection or vascularcomplication noted. Although no discrete mass is seen on CT, if there is persistence of biliary dilatation, MRCP can be considered. 7. No calcified biliary stone is seen. Stable uncomplicated gallstone. 8. Stable bony metastases at left medial clavicle. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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