# Row 8562

Visit Number: f669f78d8d8602efc4c219168b33b984b95b17cee4e8bbcba19e9767a3761908

Masked\_PatientID: 8558

Order ID: 50e70df04a64d41f10246d082552a7f8eb7ebb4aae8da4e4b724f011602f69c2

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 18/5/2019 16:31

Line Num: 1

Text: HISTORY R hepatic lobe mass ?HCC Vs colangioCA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the prior CT study of of 17 May 2019. No suspicious pulmonary nodule or mass is identified. In the left lower lobe, there is segmental atelectasis in the posterobasal segment with debris or mucus within in the left lower lobe segmental airways. Linear atelectasis is seen in the right lower lobe. No pleural effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is identified. The heart is enlarged. Coronary artery calcification is seen. A prosthetic mitral valve is noted. The major mediastinal vessels opacify normally. No pericardial effusion. Hypodensities measuring up to 1.7 cm are noted in the imaged thyroid gland. There a 10.2 x 10.2 cm mass in the right hepatic lobe mainly in segment 6 and 7 which demonstrates arterial enhancement and washout onthe delayed phase as well as delayed capsular enhancement. A region within the central portion of this mass seen as hypodense on all phases may represent an area of scarring. The right hepatic artery as well as the right hepatic and right portal veins are displaced by the mass. No evidence of hepatic or portal vein thrombosis. No overt hepatic outline nodularity is appreciated. No hepatic parenchymal retraction is identified. A few scattered hepatic cysts measuring up to 3.7 cm in segment 8 are noted. The spleen is of normal size. No evidence of significant portosystemic varices. No significant abdominal ascites. Uncomplicated cholelithiasis is seen. The pancreas and adrenal glands are unremarkable. Mild cortical scarring is noted in the left kidney. No renal mass or hydronephrosis. The visualised bowel loops are within normal limits. No enlarged abdominal lymph node is identified. No free gas is seen. Median sternotomy wires are noted. No destructive osseous lesion is seen. Degenerative changes are noted in the spine. CONCLUSION There is a hypervascular mass in the right hepatic lobe which demonstrates arterial enhancement and washout as well as delayed capsular enhancement, features are suspicious for HCC. No CT evidence of pulmonary metastasis. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: ec311539f5cc6627a0651c6ee595fe8d25d543e11132c0bc5e0b3d35173aed74

Updated Date Time: 19/5/2019 10:03

## Layman Explanation

This radiology report discusses HISTORY R hepatic lobe mass ?HCC Vs colangioCA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the prior CT study of of 17 May 2019. No suspicious pulmonary nodule or mass is identified. In the left lower lobe, there is segmental atelectasis in the posterobasal segment with debris or mucus within in the left lower lobe segmental airways. Linear atelectasis is seen in the right lower lobe. No pleural effusion. No enlarged supraclavicular, axillary, mediastinal or hilar lymph node is identified. The heart is enlarged. Coronary artery calcification is seen. A prosthetic mitral valve is noted. The major mediastinal vessels opacify normally. No pericardial effusion. Hypodensities measuring up to 1.7 cm are noted in the imaged thyroid gland. There a 10.2 x 10.2 cm mass in the right hepatic lobe mainly in segment 6 and 7 which demonstrates arterial enhancement and washout onthe delayed phase as well as delayed capsular enhancement. A region within the central portion of this mass seen as hypodense on all phases may represent an area of scarring. The right hepatic artery as well as the right hepatic and right portal veins are displaced by the mass. No evidence of hepatic or portal vein thrombosis. No overt hepatic outline nodularity is appreciated. No hepatic parenchymal retraction is identified. A few scattered hepatic cysts measuring up to 3.7 cm in segment 8 are noted. The spleen is of normal size. No evidence of significant portosystemic varices. No significant abdominal ascites. Uncomplicated cholelithiasis is seen. The pancreas and adrenal glands are unremarkable. Mild cortical scarring is noted in the left kidney. No renal mass or hydronephrosis. The visualised bowel loops are within normal limits. No enlarged abdominal lymph node is identified. No free gas is seen. Median sternotomy wires are noted. No destructive osseous lesion is seen. Degenerative changes are noted in the spine. CONCLUSION There is a hypervascular mass in the right hepatic lobe which demonstrates arterial enhancement and washout as well as delayed capsular enhancement, features are suspicious for HCC. No CT evidence of pulmonary metastasis. 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.