# Row 8993

Visit Number: 3dc1ab53c2b6312bf3f01fdee7c89541b775a69d688569a8ff0990973324bb17

Masked\_PatientID: 8990

Order ID: 65affe7299aa0ae2be4da49a51163575cef6851a41bd41e8f8368222f0976e20

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/9/2015 17:20

Line Num: 1

Text: HISTORY Fever and loose stools; raised procal; TRO intro abdominal source of sepsis. Also due for restaging CT scan at same seating; CRC (Lynch syndrome) with oligomet in liver s/p RHemicolectomy s/p #3 Xelox -> previous restaging CT good response; ? new cholangio TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with previous chest and abdomen CT dated 04/04/2015, CT thorax dated 17/06/2015 and MRI abdomen and pelvis dated 17/06/2015. Stable small focus of scarring/atelectasis in the posterior basal segment of the left lower lobe is noted. The lungs are otherwise unremarkable with no focal suspicious nodule or consolidation. The trachea and main bronchi are patent. The heart is normal in size. There is interval increase in size of the anterior mediastinal nodule from 7 x 4 mm to 13 x 7 mm (image 6-37). No significantly enlarged hilar, supraclavicular or axillary lymph node is seen. No pleural or pericardial abnormality detected. Status post right hemicolectomy noted. The ileocolic anastomotic site appears grossly unremarkable with no overt soft tissue mass or mural thickening. The small bowel loops and rest of the colon are grossly unremarkable within the limits of this study. The lobulated cystic mass with enhancing solid areas and septa within it is again seen in segment II, III and IVA/B of the liver. The overall size of the mass is comparable to the previous MRI measurement of 10.4 x 4.8 cm (image 11-27). Three small satellite nodular lesions measuring up to 6 mm in segment IV along the right lateral aspect of the mass are new (images 11-32, 36 and 39). No new focal hepatic lesion is seen. There is mild dilatation of the intrahepatic ducts as noted previously. The main portal and splenic vein remains patent. The gallbladder is only partially distended. The spleen is normal in size. There is stablelinear hypodensity previously thought to represent sequelae of infarction. The adrenal glands, pancreas and both kidneys are unremarkable. The supradiaphragmatic node shows mild interval increase in size from 9 x 4 mm to 16 x 7 mm (image 11-90) compared to the MRI scan of 17/06/2015. The left para-aortic node appears slightly more prominent measuring 7 mm in short axis (image 11 and 50). No peritoneal nodule, free fluid or focal fluid collection is seen. The well distended urinary bladder shows smooth outline. No destructive bony lesion is seen. There is a stable small lucent focus in the right iliac bone with sclerotic rim. CONCLUSION No source for sepsis found in this study. Largely stable lobulated predominantcystic mass in segments II, III and IVA/B of the liver. Three small subcentimetre satellite nodular foci are new along the right lateral aspect of the mass. Mild interval increase in size of the supradiaphragmatic node. The left para-aortic node also shows mild interval increase in size. Interval increase in size of the anterior mediastinal nodule suspicious for nodal metastasis. May need further action Reported by: <DOCTOR>

Accession Number: fd8ed49d24c3697d251ecb6364a907abeb4216e3b9cda2d749d51f5be8a65cc5

Updated Date Time: 30/9/2015 18:27

## Layman Explanation

This radiology report discusses HISTORY Fever and loose stools; raised procal; TRO intro abdominal source of sepsis. Also due for restaging CT scan at same seating; CRC (Lynch syndrome) with oligomet in liver s/p RHemicolectomy s/p #3 Xelox -> previous restaging CT good response; ? new cholangio TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison made with previous chest and abdomen CT dated 04/04/2015, CT thorax dated 17/06/2015 and MRI abdomen and pelvis dated 17/06/2015. Stable small focus of scarring/atelectasis in the posterior basal segment of the left lower lobe is noted. The lungs are otherwise unremarkable with no focal suspicious nodule or consolidation. The trachea and main bronchi are patent. The heart is normal in size. There is interval increase in size of the anterior mediastinal nodule from 7 x 4 mm to 13 x 7 mm (image 6-37). No significantly enlarged hilar, supraclavicular or axillary lymph node is seen. No pleural or pericardial abnormality detected. Status post right hemicolectomy noted. The ileocolic anastomotic site appears grossly unremarkable with no overt soft tissue mass or mural thickening. The small bowel loops and rest of the colon are grossly unremarkable within the limits of this study. The lobulated cystic mass with enhancing solid areas and septa within it is again seen in segment II, III and IVA/B of the liver. The overall size of the mass is comparable to the previous MRI measurement of 10.4 x 4.8 cm (image 11-27). Three small satellite nodular lesions measuring up to 6 mm in segment IV along the right lateral aspect of the mass are new (images 11-32, 36 and 39). No new focal hepatic lesion is seen. There is mild dilatation of the intrahepatic ducts as noted previously. The main portal and splenic vein remains patent. The gallbladder is only partially distended. The spleen is normal in size. There is stablelinear hypodensity previously thought to represent sequelae of infarction. The adrenal glands, pancreas and both kidneys are unremarkable. The supradiaphragmatic node shows mild interval increase in size from 9 x 4 mm to 16 x 7 mm (image 11-90) compared to the MRI scan of 17/06/2015. The left para-aortic node appears slightly more prominent measuring 7 mm in short axis (image 11 and 50). No peritoneal nodule, free fluid or focal fluid collection is seen. The well distended urinary bladder shows smooth outline. No destructive bony lesion is seen. There is a stable small lucent focus in the right iliac bone with sclerotic rim. CONCLUSION No source for sepsis found in this study. Largely stable lobulated predominantcystic mass in segments II, III and IVA/B of the liver. Three small subcentimetre satellite nodular foci are new along the right lateral aspect of the mass. Mild interval increase in size of the supradiaphragmatic node. The left para-aortic node also shows mild interval increase in size. Interval increase in size of the anterior mediastinal nodule suspicious for nodal metastasis. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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