# Row 9589

Visit Number: b8b1ffa88a880cb0361131993086f0db6d5a35ea8dba8c091db3749bc8a88a7b

Masked\_PatientID: 9575

Order ID: a5f2f57af32247eaab8bbcbdf10ad4d5a0c8368df3f9a7d4104b0fedb26d4dc9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/10/2017 20:29

Line Num: 1

Text: HISTORY Chronic Lymphocytic Leukemia with large cell transformation. Post treatment with R2-GDP. For assessment of response and decision on further treatment TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the CT thorax of 16/4/2017 and CT dated 17/3/2017. Tip of right PICC line is sited at the lower SVC. Interval improvement in mediastinal and bilateral hilar adenopathy. For example right hilar node now measures 1 cm in short axis from 1.5 cm (current 19-34 v 8-35). Precarinal adenopathy measures 1.1 cm in short axis from 1.4 cm (current 5-32 v 7-34). Bilateral axillary adenopathy is also slightly better. The heart is not enlarged. There is no pericardial or pleural effusion. Stable nonspecific coarse calcifications in the left breast. An Ill-defined 4 x 2 mm nodule in the posterior right upper lobe is non-specific, probably inflammatory (6-39). Mild biapical scarring. Mild linear atelectasis and scarring in both lung bases. Stable 9 mm cyst in segment V of the liver. Multiple other smaller scattered hypodensities in both lobes are too small to characterise but are generally stable. Spleen is not enlarged. Previously noted small splenic hypodensities are not well seen on the current scan. Pancreas, and adrenal glands are unremarkable. Gallbladder is collapsed. There is no biliary dilatation or hydronephrosis. Extensive abdominal-pelvic adenopathy is generally improved. For example right common iliac node now measures 1.8 cm in short axis from 2.4 cm (current 9-71 v 9-70); Retrocaval adenopathy now measures 1 cm short axis from 1.8 cm (current 9-42 v 9-43). There is reduced mass effect on the IVC. The bowel loops are not dilated. There is no free intraperitoneal fluid. The uterus is unremarkable. There is no adnexal mass. Urinary bladder is well distended. Stable mottled appearance of the bones, especially the pelvis and vertebrae are likely related to marrow infiltration. Stable sclerosis of the posterior right fifth rib is nonspecific. Old fracture of anterolateral right 7th and 8th ribs. . CONCLUSION Since the 16th of April 2017, 1. There is general improvement in extensive adenopathy above and below the diaphragm. 2. A small ill-defined nodule in the posterior right upper lobe is probably inflammatory. 3.Other minor findings are generally unchanged. Known / Minor Finalised by: <DOCTOR>

Accession Number: 02030610dec9137cd5af1c85af99a3a8c4629f2ad390beca496a38e59c65d021

Updated Date Time: 10/10/2017 18:02

## Layman Explanation

This radiology report discusses HISTORY Chronic Lymphocytic Leukemia with large cell transformation. Post treatment with R2-GDP. For assessment of response and decision on further treatment TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the CT thorax of 16/4/2017 and CT dated 17/3/2017. Tip of right PICC line is sited at the lower SVC. Interval improvement in mediastinal and bilateral hilar adenopathy. For example right hilar node now measures 1 cm in short axis from 1.5 cm (current 19-34 v 8-35). Precarinal adenopathy measures 1.1 cm in short axis from 1.4 cm (current 5-32 v 7-34). Bilateral axillary adenopathy is also slightly better. The heart is not enlarged. There is no pericardial or pleural effusion. Stable nonspecific coarse calcifications in the left breast. An Ill-defined 4 x 2 mm nodule in the posterior right upper lobe is non-specific, probably inflammatory (6-39). Mild biapical scarring. Mild linear atelectasis and scarring in both lung bases. Stable 9 mm cyst in segment V of the liver. Multiple other smaller scattered hypodensities in both lobes are too small to characterise but are generally stable. Spleen is not enlarged. Previously noted small splenic hypodensities are not well seen on the current scan. Pancreas, and adrenal glands are unremarkable. Gallbladder is collapsed. There is no biliary dilatation or hydronephrosis. Extensive abdominal-pelvic adenopathy is generally improved. For example right common iliac node now measures 1.8 cm in short axis from 2.4 cm (current 9-71 v 9-70); Retrocaval adenopathy now measures 1 cm short axis from 1.8 cm (current 9-42 v 9-43). There is reduced mass effect on the IVC. The bowel loops are not dilated. There is no free intraperitoneal fluid. The uterus is unremarkable. There is no adnexal mass. Urinary bladder is well distended. Stable mottled appearance of the bones, especially the pelvis and vertebrae are likely related to marrow infiltration. Stable sclerosis of the posterior right fifth rib is nonspecific. Old fracture of anterolateral right 7th and 8th ribs. . CONCLUSION Since the 16th of April 2017, 1. There is general improvement in extensive adenopathy above and below the diaphragm. 2. A small ill-defined nodule in the posterior right upper lobe is probably inflammatory. 3.Other minor findings are generally unchanged. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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