# Row 9583

Visit Number: 5176432b2d1e339444bd1ddced5f2b8750b608d1e61f546fa523dbe49e25ac1a

Masked\_PatientID: 9575

Order ID: 01dc72c1f3a7a2b11c9c3f771fba18e2ec9f7364b0ee4eb1f46112db5c6e969f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/8/2018 11:41

Line Num: 1

Text: HISTORY CLL transformed to DLBCL and progressive cervical LNs for RT To assess extent of disease as per rad onco TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 61 FINDINGS Comparison is made with the previous CT dated 5 October 2017. THORAX Bilateral enlarged supraclavicular lymph nodes have increased in size from before, better appreciated on the CT neck study done at same sitting. Interval increase in size and number of enlarged bilateral axillary lymph nodes, the largest in the left axilla now measuring 2.4 cm in short axis (5-20). Mediastinal lymph nodes remain largely stable in size. For example, the largest in the right lower paratracheal station measures 1.1 cm (5-31 vs previous 5-32). Interval increase in size of bilateral hilar lymph nodes, for example, on the left measuring 1.2 cm in short axis from previous 0.4 cm (5-39 vs prev 5-41). A right para-aortic lymph node in theposterior mediastinum has also increased in size, now measuring 1.3 cm in short axis from previous 0.7 cm (5-78 vs prev 5-81). No suspicious pulmonary nodule or focal consolidation is seen. The heart is not enlarged. There is no pericardial or pleural effusion. Stable nonspecific coarse calcifications in the left breast. ABDOMEN AND PELVIS Stable 1.0 cyst in segment V of the liver. Several smaller hypodensities scattered in both hepatic lobes are too small to characterise but are generally stable. No suspicious solid hepatic lesion is seen. The spleen is not pathologically enlarged but has increased in size, measuring 9.8 cm in craniocaudal dimension from previous 8.6 cm (9-33 vs previous 20-28). No discrete splenic lesion is seen. Some of the lymph nodes in the periportal and perigastric regions remain stable/decreased in size. For example one in the perigastric region measures 0.7 cm from previous 1.1 cm (7-47 vs prev 9-54). Lymph nodes in the peripancreatic region and retroperitoneum show significant increase. Conglomerate nodes is seen in the retroperitoneum around the aorta and inferior vena cava (7-55), with slight narrowing of the IVC (7-46). It extends inferiorly along bilateral commoniliac and external iliac vessels. The retroperitoneal component measures approximately 7.6 x 4.3 cm in axial diameter (7-58) while the right common iliac component measures 7.1 x 4.0 cm (7-68). A few prominent left inguinal lymph nodes, the largest measuring 0.9 cm in short axis with a rounded configuration (7-105). The gallbladder, pancreas and both adrenal glands are unremarkable. No suspicious solid renal mass or hydroureteronephrosis. The urinary bladder and uterus are unremarkable. Multiple mixed sclerotic lucent foci are again seen in the skeleton, non-specific but may be related to lymphomatous involvement. This appears largely unchanged. No pathological fracture is seen. CONCLUSION Since 5 Oct 2017, there is overall progression of disease with: 1. Increase in size and number of enlarged supraclavicular, axillary, mediastinal and hilar lymph nodes. 2. Interval significant enlargement of lymphadenopathy in the abdomen and pelvis. May need further action Reported by: <DOCTOR>

Accession Number: 2033a0e438814bbf3c24f6422e8fcfd7e3790418bb795c1eae175abd251acf21

Updated Date Time: 10/8/2018 14:18

## Layman Explanation

This radiology report discusses HISTORY CLL transformed to DLBCL and progressive cervical LNs for RT To assess extent of disease as per rad onco TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 61 FINDINGS Comparison is made with the previous CT dated 5 October 2017. THORAX Bilateral enlarged supraclavicular lymph nodes have increased in size from before, better appreciated on the CT neck study done at same sitting. Interval increase in size and number of enlarged bilateral axillary lymph nodes, the largest in the left axilla now measuring 2.4 cm in short axis (5-20). Mediastinal lymph nodes remain largely stable in size. For example, the largest in the right lower paratracheal station measures 1.1 cm (5-31 vs previous 5-32). Interval increase in size of bilateral hilar lymph nodes, for example, on the left measuring 1.2 cm in short axis from previous 0.4 cm (5-39 vs prev 5-41). A right para-aortic lymph node in theposterior mediastinum has also increased in size, now measuring 1.3 cm in short axis from previous 0.7 cm (5-78 vs prev 5-81). No suspicious pulmonary nodule or focal consolidation is seen. The heart is not enlarged. There is no pericardial or pleural effusion. Stable nonspecific coarse calcifications in the left breast. ABDOMEN AND PELVIS Stable 1.0 cyst in segment V of the liver. Several smaller hypodensities scattered in both hepatic lobes are too small to characterise but are generally stable. No suspicious solid hepatic lesion is seen. The spleen is not pathologically enlarged but has increased in size, measuring 9.8 cm in craniocaudal dimension from previous 8.6 cm (9-33 vs previous 20-28). No discrete splenic lesion is seen. Some of the lymph nodes in the periportal and perigastric regions remain stable/decreased in size. For example one in the perigastric region measures 0.7 cm from previous 1.1 cm (7-47 vs prev 9-54). Lymph nodes in the peripancreatic region and retroperitoneum show significant increase. Conglomerate nodes is seen in the retroperitoneum around the aorta and inferior vena cava (7-55), with slight narrowing of the IVC (7-46). It extends inferiorly along bilateral commoniliac and external iliac vessels. The retroperitoneal component measures approximately 7.6 x 4.3 cm in axial diameter (7-58) while the right common iliac component measures 7.1 x 4.0 cm (7-68). A few prominent left inguinal lymph nodes, the largest measuring 0.9 cm in short axis with a rounded configuration (7-105). The gallbladder, pancreas and both adrenal glands are unremarkable. No suspicious solid renal mass or hydroureteronephrosis. The urinary bladder and uterus are unremarkable. Multiple mixed sclerotic lucent foci are again seen in the skeleton, non-specific but may be related to lymphomatous involvement. This appears largely unchanged. No pathological fracture is seen. CONCLUSION Since 5 Oct 2017, there is overall progression of disease with: 1. Increase in size and number of enlarged supraclavicular, axillary, mediastinal and hilar lymph nodes. 2. Interval significant enlargement of lymphadenopathy in the abdomen and pelvis. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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