# Row 9586

Visit Number: c3b0a4c99d09d2d301da0ecbd57373716377c008ceb5bd325242e6e8d88ffdd6

Masked\_PatientID: 9575

Order ID: 78fb6bc4d8a498f1baf192cdf59590a6dda5ccff3e5005d2f3b410e9794e03b9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 17/9/2018 16:32

Line Num: 1

Text: HISTORY CT Neck and TAP with contrast to look for potential IJV suppurative thrombophlebitis or any other source of infection -> Persistent fever - ? tonsilitis with bacteria/fungus over the pharynx, with known left tonsillar disease, and recent radiotherapy and possible tumour necrosis, as well as possible TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the CT of 9 August 2018. There is interval enlargement of mediastinal, bilateral hilar and bilateral axillary lymph nodes. For example, right hilar lymph nodes now measure up to 1.7 cm in short axis compared to 1.2 cm previously (5-46 vs prior 5-40).Left axillary lymph nodes also now measure up to 2.5 cm in short axis compared to 1.5 cm previously (5-24 vs prior 5-14). Heart size is within normal limits. No pericardial effusion is seen. New trace bilateral pleural effusions are present. There is new nodular pleural thickening in the right hemithorax, measuring up to 1.1 cm in thickness (5-57, 65 and 76). Milder focal pleural thickening is seen on the left (6-39). There is mild linear atelectasis in both lower lobes. No new suspicious pulmonary nodule, mass or consolidation is detected. The liver has increased in size with scattered new vague hypodense nodules seen in both lobes. The largest measures about 1.2 cm in segment VII (7-42). There is a stable cyst insegment V. There is nonspecific gallbladder wall oedema. No biliary ductal dilatation is detected. The spleen, pancreas and adrenal glands appear grossly unremarkable. There is symmetrical renal enhancement. No hydronephrosis is seen. Theurinary bladder and uterus appear grossly unremarkable. No abnormally dilated bowel loop is seen. There is mild nonspecific mural thickening of the ascending colon, hepatic flexure and proximal transverse colon. Multiple enlarged para-aortic, aortocaval, retrocaval, precaval, peripancreatic, bilateral common iliac and bilateral external iliac lymph nodes are seen. These have increased in size since the prior scan. For example, confluent para-aortic lymph nodes now measure up to4.8 x 3.4 cm in maximum axial dimensions compared to 3.9 x 2.5 cm previously (7-61 vs prior 7-45). Confluent left external iliac lymph nodes also now measure up to 7.5 x 3.7 cm compared to 6.9 x 3.1 cm previously (7-113 vs prior 7-93). There is mild ascites. No loculated intra-abdominal collection is seen. No pneumoperitoneum or pneumatosis intestinalis detected. Scattered mixed sclerotic and lucent foci in the bones are non-specific but appear grossly stable. There is possiblenew focal cortical erosion of the right 5th rib (adjacent to a pleural thickening, image 8-50). CONCLUSION Since 9 August 2018: 1. Evidence of disease progression as follows: - Progression of intra-thoracic, bilateral axillary, extensive confluent retroperitoneal and bilateral pelvic lymphadenopathy. - New bilateral nodular pleural thickening (more on the right) with trace bilateral pleural effusions. Possible focal right 5th rib erosion (adjacent to pleural thickening). - Mild hepatic enlargement with scattered new vague hypodense hepatic lesions. 2. Other findings: mild nonspecific colonic mural thickening (ascending to proximal transverse), mild ascites, nonspecific gallbladder wall oedema May need further action Finalised by: <DOCTOR>

Accession Number: b52c577f5d95c624a31559879bc7c78602016cbe792fe263cbd66d09096d85e1

Updated Date Time: 17/9/2018 17:56

## Layman Explanation

This radiology report discusses HISTORY CT Neck and TAP with contrast to look for potential IJV suppurative thrombophlebitis or any other source of infection -> Persistent fever - ? tonsilitis with bacteria/fungus over the pharynx, with known left tonsillar disease, and recent radiotherapy and possible tumour necrosis, as well as possible TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison made with the CT of 9 August 2018. There is interval enlargement of mediastinal, bilateral hilar and bilateral axillary lymph nodes. For example, right hilar lymph nodes now measure up to 1.7 cm in short axis compared to 1.2 cm previously (5-46 vs prior 5-40).Left axillary lymph nodes also now measure up to 2.5 cm in short axis compared to 1.5 cm previously (5-24 vs prior 5-14). Heart size is within normal limits. No pericardial effusion is seen. New trace bilateral pleural effusions are present. There is new nodular pleural thickening in the right hemithorax, measuring up to 1.1 cm in thickness (5-57, 65 and 76). Milder focal pleural thickening is seen on the left (6-39). There is mild linear atelectasis in both lower lobes. No new suspicious pulmonary nodule, mass or consolidation is detected. The liver has increased in size with scattered new vague hypodense nodules seen in both lobes. The largest measures about 1.2 cm in segment VII (7-42). There is a stable cyst insegment V. There is nonspecific gallbladder wall oedema. No biliary ductal dilatation is detected. The spleen, pancreas and adrenal glands appear grossly unremarkable. There is symmetrical renal enhancement. No hydronephrosis is seen. Theurinary bladder and uterus appear grossly unremarkable. No abnormally dilated bowel loop is seen. There is mild nonspecific mural thickening of the ascending colon, hepatic flexure and proximal transverse colon. Multiple enlarged para-aortic, aortocaval, retrocaval, precaval, peripancreatic, bilateral common iliac and bilateral external iliac lymph nodes are seen. These have increased in size since the prior scan. For example, confluent para-aortic lymph nodes now measure up to4.8 x 3.4 cm in maximum axial dimensions compared to 3.9 x 2.5 cm previously (7-61 vs prior 7-45). Confluent left external iliac lymph nodes also now measure up to 7.5 x 3.7 cm compared to 6.9 x 3.1 cm previously (7-113 vs prior 7-93). There is mild ascites. No loculated intra-abdominal collection is seen. No pneumoperitoneum or pneumatosis intestinalis detected. Scattered mixed sclerotic and lucent foci in the bones are non-specific but appear grossly stable. There is possiblenew focal cortical erosion of the right 5th rib (adjacent to a pleural thickening, image 8-50). CONCLUSION Since 9 August 2018: 1. Evidence of disease progression as follows: - Progression of intra-thoracic, bilateral axillary, extensive confluent retroperitoneal and bilateral pelvic lymphadenopathy. - New bilateral nodular pleural thickening (more on the right) with trace bilateral pleural effusions. Possible focal right 5th rib erosion (adjacent to pleural thickening). - Mild hepatic enlargement with scattered new vague hypodense hepatic lesions. 2. Other findings: mild nonspecific colonic mural thickening (ascending to proximal transverse), mild ascites, nonspecific gallbladder wall oedema May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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