# Row 9587

Visit Number: cafff8a0aacdae005a8702be72c78b42534937e383149cdc0e07c52abdbc7731

Masked\_PatientID: 9575

Order ID: 26620c479a44ed292d720662e091b075405493c02da47f470740b53086779284

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/11/2016 14:11

Line Num: 1

Text: HISTORY Chronic lymphocytic leukemia with transformation to large cell lymphoma. Mid-treatment reassessment of response to chemotherapy. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison made with CT of 25/8/2016 and PET-CT of 1/9/2016. THORAX Most of the enlarged nodes in the thorax are relatively unchanged from before, with no interval enlargement. These are distributed respectively in the bilateral supraclavicular, axillary, mediastinal, hilar and internal mammary region. There is marginal improvement in some of the lymph nodes, for example one of the right axillary node decreases from prior 21mm to now 16mm (4-16), one of the left internal mammary node decreases from 8 mm to 6 mm (4-23) and the left peri-oesophageal node posterior to the left atrium decreases from 7mm to 5mm in short axis (4-54). The mediastinal vasculature enhance normally. Heart size is normal. No pericardial or pleural effusion is seen. The tip of the central line is located at the superior cavoatrial junction. Tiny 2 mm nodule with ill-defined margins is noted in the anterior aspect ofthe basal left lower lobe (5-57), medial and lateral aspect of the left lung apex (5-13, 18). These are nonspecific and not seen on last CT. No lung mass or sinister nodule is seen. There is no consolidation or ground-glass patches. No interstitial fibrosis, bronchiectasis or emphysema is seen. Coarse calcifications in the left upper outer breast are not associated with soft tissue mass. Thyroid gland appears unremarkable. ABDOMEN AND PELVIS A 7 mm cyst is noted in segment 5.Several tiny hypodensities in both lobes of the liver are too small to characterise and may represent cysts. No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, pancreas, adrenals, kidneys, urinary bladder, uterus, ovaries, and bowel are unremarkable. The spleen is not enlarged. No ascites noted. There is again note of extensive large periportal-gastrohepatic, retroperitoneal and bilateral iliac nodes, again encasing the aorta and IVC. There is marginal decrease in some of the nodes, for example the node posterior to the left hepatic lobe (9-35) increased from prior 40 x 25 mm to current 32 x 22 mm, and the right common iliac node (9-68) decreases from prior 36 x 24 mm to current 32 x 20 mm. There is moderate improvement of the inguinal nodes, which is mildly prominent in this study. Nodes in the omentum and upper mesenteric nodes have likewise improved. Small mesorectal nodes are otherwise unchanged. There is no change of the extensive patchy ill-defined lucencies throughout the bones. No interval compression fracture or bony destruction is identified. Background degenerative changes are noted in the lumbar spine. Bilateral old rib fractures with callus formation are likely due to previous trauma. CONCLUSION 1. Interval marginal improvement of the extensive lymphadenopathy in the thorax, abdomen and pelvis, with some of the areas having slightly more prominent improvement such as at the inguinal, omental and upper mesenteric region. 2. Extensive bony lucencies are unchanged, likely related to lymphomatous infiltrates. No interval bony destruction seen. 3. The spleen is not enlarged. No interval visceral involvement noted. 4. Numerous tiny hypodensities in the liver are unchanged, and remains too small to characterise but probably represent tiny cysts. 5. Few new tiny left lung nodules are non-specific and can be inflammatory-infective in nature. Follow-up suggested. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 02c497e9cced3890dde46067fc8ccde3e9881539ba520526d11189a14bc6730d

Updated Date Time: 18/11/2016 17:35

## Layman Explanation

This radiology report discusses HISTORY Chronic lymphocytic leukemia with transformation to large cell lymphoma. Mid-treatment reassessment of response to chemotherapy. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison made with CT of 25/8/2016 and PET-CT of 1/9/2016. THORAX Most of the enlarged nodes in the thorax are relatively unchanged from before, with no interval enlargement. These are distributed respectively in the bilateral supraclavicular, axillary, mediastinal, hilar and internal mammary region. There is marginal improvement in some of the lymph nodes, for example one of the right axillary node decreases from prior 21mm to now 16mm (4-16), one of the left internal mammary node decreases from 8 mm to 6 mm (4-23) and the left peri-oesophageal node posterior to the left atrium decreases from 7mm to 5mm in short axis (4-54). The mediastinal vasculature enhance normally. Heart size is normal. No pericardial or pleural effusion is seen. The tip of the central line is located at the superior cavoatrial junction. Tiny 2 mm nodule with ill-defined margins is noted in the anterior aspect ofthe basal left lower lobe (5-57), medial and lateral aspect of the left lung apex (5-13, 18). These are nonspecific and not seen on last CT. No lung mass or sinister nodule is seen. There is no consolidation or ground-glass patches. No interstitial fibrosis, bronchiectasis or emphysema is seen. Coarse calcifications in the left upper outer breast are not associated with soft tissue mass. Thyroid gland appears unremarkable. ABDOMEN AND PELVIS A 7 mm cyst is noted in segment 5.Several tiny hypodensities in both lobes of the liver are too small to characterise and may represent cysts. No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, pancreas, adrenals, kidneys, urinary bladder, uterus, ovaries, and bowel are unremarkable. The spleen is not enlarged. No ascites noted. There is again note of extensive large periportal-gastrohepatic, retroperitoneal and bilateral iliac nodes, again encasing the aorta and IVC. There is marginal decrease in some of the nodes, for example the node posterior to the left hepatic lobe (9-35) increased from prior 40 x 25 mm to current 32 x 22 mm, and the right common iliac node (9-68) decreases from prior 36 x 24 mm to current 32 x 20 mm. There is moderate improvement of the inguinal nodes, which is mildly prominent in this study. Nodes in the omentum and upper mesenteric nodes have likewise improved. Small mesorectal nodes are otherwise unchanged. There is no change of the extensive patchy ill-defined lucencies throughout the bones. No interval compression fracture or bony destruction is identified. Background degenerative changes are noted in the lumbar spine. Bilateral old rib fractures with callus formation are likely due to previous trauma. CONCLUSION 1. Interval marginal improvement of the extensive lymphadenopathy in the thorax, abdomen and pelvis, with some of the areas having slightly more prominent improvement such as at the inguinal, omental and upper mesenteric region. 2. Extensive bony lucencies are unchanged, likely related to lymphomatous infiltrates. No interval bony destruction seen. 3. The spleen is not enlarged. No interval visceral involvement noted. 4. Numerous tiny hypodensities in the liver are unchanged, and remains too small to characterise but probably represent tiny cysts. 5. Few new tiny left lung nodules are non-specific and can be inflammatory-infective in nature. Follow-up suggested. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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