# Row 9575

Visit Number: 2481bfecbc99ebb7a4828e18e00b899cfea928e2be937b431b764609b1e584ad

Masked\_PatientID: 9575

Order ID: 6d0c6ee8def0e16dfd977ade9a135b4d27733fd1c90e2bad88b5d55e72423cd1

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/8/2016 14:16

Line Num: 1

Text: HISTORY marked generalized lymphadenopathy with leucocytosis + hepatosplenomegaly ? CLL vs lymphoma for pan scan to evaluate TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml):70 FINDINGS No previous relevant examination available for comparison. Numerous enlarged lymph nodes are seen involving the bilateral supraclavicular, axillary, mediastinal and both hilar regions - example the larger nodes measures 1.3 cm in the right supraclavicular region (image 6-1), up to 1.4 cm in the right axilla (image 6-19), up to 1.5 cm in the right paratracheal region (image 6-31), up to 1.3 cm in the right hilum (image 6-41) and up to 1.1 cm at the right lower internal mammary chain (image 6-70). Heart size is at the upper limit of normal. No pleural or pericardial effusion seen. The major airways are clear. Atelectatic changes in both lungs and scarring in both lung apices are noted. No suspiciouspulmonary nodule or consolidation is evident. Small foci of calcifications in the left breast are nonspecific. The liver and spleen are at the upper limit of normal. A few scattered ill-defined hypodense foci in the liver and spleen are too small to characterise and are indeterminate. There is a small cyst in segment V of the liver. Mild prominence of the intrahepatic ducts is nonspecific. The extrahepatic ducts are normal in calibre. Partially distended gallbladder shows no radiopaque calculus or significant wall thickening. The hepatic, portal, splenic veins show normal enhancement. Multiple enlarged nodes are present in the gastrohepatic, retrocaval, periportal, celiac axis, central mesentery and retroperitoneal regions. Eg larger portacaval region node measures 4.8 x 2.8 cm (image 9-43). Some of the nodes are confluent in the para-aortic region encasing the aorta and IVC. Further several scattered enlarged mesenteric lymph nodes as well as bilateral inguinal nodes are also noted. The kidneys, adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre. No ascites noted. The urinary bladder and uterus shows no gross abnormality. Extensive patchy lucencies are noted predominately affecting the spine, suspicious for bony involvement. Background degenerative changes are noted in the lower lumbar spine. CONCLUSION Generalised mildly enlarged to bulky lymphadenopathy involving mostly nodal stations as described. The appearances are suspicious for underlying lymphoproliferative disease such as lymphoma and further histological correlation is suggested. Scattered small ill-defined hypodense hepatic and splenic lesions are too small to characterise although focal sites of disease would need to be considered in this context. Patchy bony lucencies predominantly affecting the spine are suspicious for bony involvement. May need further action Finalised by: <DOCTOR>

Accession Number: faf72c8d30a648bec5d1537077997146028e5f34be1a9d339bdc992e02a38426

Updated Date Time: 25/8/2016 15:09

## Layman Explanation

This radiology report discusses HISTORY marked generalized lymphadenopathy with leucocytosis + hepatosplenomegaly ? CLL vs lymphoma for pan scan to evaluate TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml):70 FINDINGS No previous relevant examination available for comparison. Numerous enlarged lymph nodes are seen involving the bilateral supraclavicular, axillary, mediastinal and both hilar regions - example the larger nodes measures 1.3 cm in the right supraclavicular region (image 6-1), up to 1.4 cm in the right axilla (image 6-19), up to 1.5 cm in the right paratracheal region (image 6-31), up to 1.3 cm in the right hilum (image 6-41) and up to 1.1 cm at the right lower internal mammary chain (image 6-70). Heart size is at the upper limit of normal. No pleural or pericardial effusion seen. The major airways are clear. Atelectatic changes in both lungs and scarring in both lung apices are noted. No suspiciouspulmonary nodule or consolidation is evident. Small foci of calcifications in the left breast are nonspecific. The liver and spleen are at the upper limit of normal. A few scattered ill-defined hypodense foci in the liver and spleen are too small to characterise and are indeterminate. There is a small cyst in segment V of the liver. Mild prominence of the intrahepatic ducts is nonspecific. The extrahepatic ducts are normal in calibre. Partially distended gallbladder shows no radiopaque calculus or significant wall thickening. The hepatic, portal, splenic veins show normal enhancement. Multiple enlarged nodes are present in the gastrohepatic, retrocaval, periportal, celiac axis, central mesentery and retroperitoneal regions. Eg larger portacaval region node measures 4.8 x 2.8 cm (image 9-43). Some of the nodes are confluent in the para-aortic region encasing the aorta and IVC. Further several scattered enlarged mesenteric lymph nodes as well as bilateral inguinal nodes are also noted. The kidneys, adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre. No ascites noted. The urinary bladder and uterus shows no gross abnormality. Extensive patchy lucencies are noted predominately affecting the spine, suspicious for bony involvement. Background degenerative changes are noted in the lower lumbar spine. CONCLUSION Generalised mildly enlarged to bulky lymphadenopathy involving mostly nodal stations as described. The appearances are suspicious for underlying lymphoproliferative disease such as lymphoma and further histological correlation is suggested. Scattered small ill-defined hypodense hepatic and splenic lesions are too small to characterise although focal sites of disease would need to be considered in this context. Patchy bony lucencies predominantly affecting the spine are suspicious for bony involvement. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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