# Row 9761

Visit Number: 7ee5f196709ed2b90ba44ce5e2912b7c16764a9c3999c8b94e992d4112f92223

Masked\_PatientID: 9761

Order ID: 83129a356afa696233fd0eecb6a46e4b09227de2d357bc4a7246990d27bff080

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/3/2017 12:31

Line Num: 1

Text: HISTORY Metastatic Gastric Adenocancer with peritoneal mets, s/p palliative RT 20Gy/ 15# (hemostasis); Likely Intestinal obstruction TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume(ml): 75 FINDINGS No previous relevant imaging available for comparison. Thorax: There is a small superior paratracheal node measuring 6 mm in short axis, below significant size threshold. No enlarged hilar or axillary node is seen. The heart size is normal. There is no pericardial effusion. There are small bilateral pleural effusions, slightly larger on the left side with passive atelectatic changes in the lower lobes. No suspicious pulmonary nodule is detected. The central airways are clear. Abdomen and pelvis: There is nodular thickening of the anterior wall of the gastric antrum extending over a length of about 5.8 cm (image 10-59) in keeping with submitted history of gastric adenocarcinoma. No significantly enlarged loco-regional lymph node detected. A nasogastric tube is in situ with the tip in the gastric body. There is mild dilatation of the proximal small bowel loops measuring up to 3.7 cm in maximum diameter. There is gradual changein calibre of the mid small bowel loops up to a short segment that demonstrates diffuse mural thickening (image 10-95, 14-56). The mid and distal small bowel loops are mostly collapsed with mural thickening of some of the segments – for example in the pelvis, image 10 - 125. No suspicious focal hepatic lesion is seen. The portal and splenic veins opacify normally with contrast. The biliary tree is within normal limits. No radiopaque gallstone or significant gallbladder wall thickening is noted. The adrenal glands, spleen, kidneys and pancreas are unremarkable. Widespread omental fat stranding is seen, suspicious for infiltrative malignancy although no discrete measurable nodule is detected. There is a small amount of free fluid in the abdomen and pelvis. Mild peritoneal thickening can be appreciated with slightly nodular thickening in the pelvis (image 10-137) suspicious for peritoneal metastases. No pneumoperitoneum detected. A few uncomplicated colonic diverticula are noted. The urinary bladder is unremarkable. The uterus and ovaries show no gross abnormality. No focal destructive bony lesion detected. CONCLUSION Nodular thickening of the gastric antral wall in keeping with submittedhistory of adenocarcinoma. Diffuse omental fat stranding, mild peritoneal thickening and nodularity with a small amount of ascites are suspicious for metastases. Mild proximal small bowel dilatation indicating bowel obstruction. A short segment of small bowel at the transition shows diffuse mural thickening, the underlying cause is not entirely clear but in this context serosal infiltration may need to be considered. May need further action Reported by: <DOCTOR>

Accession Number: 5a951b00a9a66db35016c632e5c4ea1fe606bde440c957ce19b05a7151279821

Updated Date Time: 02/3/2017 15:08