# Row 9925

Visit Number: 2a378377286c0ba31f8dff64bf558cedfa77f074c451fa9f3e79249992a353be

Masked\_PatientID: 9925

Order ID: 96f3f8ef7f0c6275696a65bd15fb7adf7b61158678045f8a49ddcf53ee9a853c

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 05/6/2017 23:07

Line Num: 1

Text: HISTORY Multifocal HCC s/p Hepatic Embolisation + Y90 done on 14th April 2017 Now to do CT CHEST AND ABDO r to assess left lobe of liver before performing Hepatic Angiography + MAA on 6th june in Angio Room.; \*\* Kindly contact NC Julianah: <HP> for any clarification: <HP>\*\* TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS Comparison made with CT of 21/3/2017. Status post Y-90 embolisation on 17/4/2017. ABDOMEN The large HCC occupying most of the right hepatic lobe, primarily centered in segment 8, remains stable in size, measuring 150 x 120 x 160 mm, but shows increasing cystic areas, in keeping with response to treatment. There are similar cystic changes of a stable size 25 mm focus (701-49) in segment 5, while few other nodules in segment 6 are relatively unchanged. The rest of the lesions in the left lobe show a mixture of stable disease progression. For example, a lesion in mid-posterior segment 2 increases from prior 5 mm to current 11 mm while another focus anteriorly remains unchanged at 12 mm. A few of the lesions are new, e.g. 6mm focus in segment 3 (501-46). Stable 8 mm focus of fluid attenuation in the far left lateral and posterior aspect of segment 2 (701-33) is in keeping with a cyst. No biliary dilatation is seen. The portal and hepatic veins enhances normally. There is no change of the significant mass effect of the dominant mass in right lobe, splaying right and middle hepatic vein, and displacing the right portal vein inferiorly. The spleen is not enlarged. Small to moderate varices are noted at the splenic hilum, periportal region and omentum. No ascites noted. The kidney shows multiple new wedge-shaped hypodensities bilaterally, likely inflammatory in nature. A few other tiny hypodensities previously present, remains too small to characterise, but probably represent cysts. No hydronephrosis or sinister renal mass is identified. The gallbladder, pancreas, adrenals, and limited sections of the bowel in the abdomen are unremarkable. Small volume periportal nodes remains unchanged from before, likely reactive. No enlarged retroperitoneal nodes seen. THORAX AND BONES A few borderline prominent mediastinal nodes remains nonspecific, the largest measuring up to 11 mm at the aortopulmonary window, unchanged from before. No enlarged supraclavicular, axillary or hilar nodes seen. Nonspecific right thyroid hypodensities are stable. Heart size is normal. Mediastinal vasculature enhance normally. No pericardial or pleural effusion is evident. No lung mass or sinister nodule is noted. A stable calcified granuloma is again seen in the lateral aspect of the right upper lobe (601-48). No consolidation or ground-glass changes seen. There is no interstitial fibrosis, bronchiectasis or emphysema evident. The major airways are patent. No destructive bony lesion is seen. CONCLUSION Since last CT of Mar 2017, 1. Multifocal HCC, dominant in right lobe with mass effect on adjacent vessels. 2. The dominant mass in segment 8 and adjacent nodules, show stable size but increasing cystic changes,likely represent treatment response. 3. There are however several foci in the left lobe that show increase in size, concerning for progression. 4. Portal hypertension with a few small varices. No splenomegaly or ascites. 5. Interval hypodensities in both kidneys are likely inflammatory in nature. Clinical correlation for symptoms and urine tests suggested. 6. Stable non-specific borderline prominent mediastinal nodes. No other convincing metastasis is detected in the thorax and abdomen. 7. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 8e0aa36e8caa4e8622c69c961316af1d4269f7bb1bb21c54c7b27e6d60919803

Updated Date Time: 06/6/2017 10:03