# Row 107

Visit Number: b462d46e67e68b12faee6900a64ab059920f3d8fb4015218a5dd444a46eff57b

Masked\_PatientID: 104

Order ID: 8f48c509fe8df79b5ca5c6e925a982b21e471d919c360c54cca27688b5253a4a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/9/2018 15:22

Line Num: 1

Text: HISTORY Hospital acquired pneumonia with klebsiella bacteremia not improving look for sites of metastatic infection also has bcakground of metastatic pancreatic CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 61 FINDINGS Comparison made with CT of 31/8/2018. ABDOMEN AND PELVIS There is stable size of the heterogeneous enhancing mass in the pancreatic head, likely representing the primary tumour. This measures approximately 47 x 43 x 35 mm, otherwise showing reduced enhancement and increased cystic changes that may be due to necrosis. The rest of the pancreas shows atrophy and pancreatic duct dilatation, in keeping with obstruction. No overt peripancreatic stranding. Prominent necrotic peripancreatic and periportal lymphadenopathy are again noted superior to the pancreatic neck and body, relatively unchanged from before. A few of these are between the D3 duodenum and pancreas, better seen on coronal view (503-50). There is no change of the biliary stent, with aerobilia in keeping with patency. The gallbladder is again distended with air. Extensive liver metastases are relatively unchanged from before, with the largest measuring 38 x 22 mm in the left lateral aspect of the segment 2/3. No intrahepatic biliary dilatation seen. Portal and hepatic veins enhance normally. No hydronephrosis. There is again note of reduced cortical enhancement at the lateral aspect of the right mid and upper kidney (503-34, 29) without a discrete lesion, likely inflammatory in nature. No overt renal enlargement or oedema is appreciated. The spleen, adrenals, urinary bladder and both adnexa are unremarkable. Posterior uterine lipomatous fibroid again seen. There is moderate ascites that has worsened, with no peritoneal thickening or omental caking. Extensive subcutaneous anasarca has also increased. THORAX AND BONES No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Aortic and coronary calcifications noted. LCX coronary stent seen. Heart size is not enlarged. No pericardial effusion seen. Moderate pleural effusions with adjacent atelectasis are again noted. Thereare decreased ground-glass changes in both lungs, likely due to previous pulmonary venous congestion. No confluent consolidation seen. A stable 10 mm nodule left upper lobe (401-30) and a few or other nodules bilaterally (401-38 right lower,401-40 middle, 401-27 left upper) are suspicious for lung metastasis. Scarring in anterior left upper lobe may be due to previous infection or treatment. Note is made of left mastectomy. No interstitial fibrosis, bronchiectasis or overt emphysema noted. The major airways are patent. No destructive bony lesion is seen. CONCLUSION Since last CT of 31 Aug 2018, 1. Stable primary pancreatic malignancy. 2. Stable pancreatic duct dilatation and biliary stenting. 2. Stable peripancreatic and upper abdominal necrotic nodal metastasis. 3. Stable extensive liver and few lung metastases. 4. Increasing ascites and worsening subcutaneous anarsarca likely due to third space loss. Correlation with fluid status suggested. Compressive atelectasis due to stable moderate bilateral pleural effusions. No convincing consolidation. Improvement of pulmonary venous congestion. 5. Stable mild hypodensity at right mid/upper kidney may be inflammatory. Correlation with urine tests suggested. 6. No other obvious focus of inflammation seen in the thorax, abdomen and pelvis. 7. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 10394ac448d972d4df279752042b1c9f2084a1adc56e5337d14ef6996dca58e2

Updated Date Time: 26/9/2018 16:36

## Layman Explanation

This radiology report discusses HISTORY Hospital acquired pneumonia with klebsiella bacteremia not improving look for sites of metastatic infection also has bcakground of metastatic pancreatic CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 61 FINDINGS Comparison made with CT of 31/8/2018. ABDOMEN AND PELVIS There is stable size of the heterogeneous enhancing mass in the pancreatic head, likely representing the primary tumour. This measures approximately 47 x 43 x 35 mm, otherwise showing reduced enhancement and increased cystic changes that may be due to necrosis. The rest of the pancreas shows atrophy and pancreatic duct dilatation, in keeping with obstruction. No overt peripancreatic stranding. Prominent necrotic peripancreatic and periportal lymphadenopathy are again noted superior to the pancreatic neck and body, relatively unchanged from before. A few of these are between the D3 duodenum and pancreas, better seen on coronal view (503-50). There is no change of the biliary stent, with aerobilia in keeping with patency. The gallbladder is again distended with air. Extensive liver metastases are relatively unchanged from before, with the largest measuring 38 x 22 mm in the left lateral aspect of the segment 2/3. No intrahepatic biliary dilatation seen. Portal and hepatic veins enhance normally. No hydronephrosis. There is again note of reduced cortical enhancement at the lateral aspect of the right mid and upper kidney (503-34, 29) without a discrete lesion, likely inflammatory in nature. No overt renal enlargement or oedema is appreciated. The spleen, adrenals, urinary bladder and both adnexa are unremarkable. Posterior uterine lipomatous fibroid again seen. There is moderate ascites that has worsened, with no peritoneal thickening or omental caking. Extensive subcutaneous anasarca has also increased. THORAX AND BONES No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Aortic and coronary calcifications noted. LCX coronary stent seen. Heart size is not enlarged. No pericardial effusion seen. Moderate pleural effusions with adjacent atelectasis are again noted. Thereare decreased ground-glass changes in both lungs, likely due to previous pulmonary venous congestion. No confluent consolidation seen. A stable 10 mm nodule left upper lobe (401-30) and a few or other nodules bilaterally (401-38 right lower,401-40 middle, 401-27 left upper) are suspicious for lung metastasis. Scarring in anterior left upper lobe may be due to previous infection or treatment. Note is made of left mastectomy. No interstitial fibrosis, bronchiectasis or overt emphysema noted. The major airways are patent. No destructive bony lesion is seen. CONCLUSION Since last CT of 31 Aug 2018, 1. Stable primary pancreatic malignancy. 2. Stable pancreatic duct dilatation and biliary stenting. 2. Stable peripancreatic and upper abdominal necrotic nodal metastasis. 3. Stable extensive liver and few lung metastases. 4. Increasing ascites and worsening subcutaneous anarsarca likely due to third space loss. Correlation with fluid status suggested. Compressive atelectasis due to stable moderate bilateral pleural effusions. No convincing consolidation. Improvement of pulmonary venous congestion. 5. Stable mild hypodensity at right mid/upper kidney may be inflammatory. Correlation with urine tests suggested. 6. No other obvious focus of inflammation seen in the thorax, abdomen and pelvis. 7. 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.