# Row 1707

Visit Number: 77a075fc01ba45b6ae6e4765c6dacbb078cd8c6ae1344eeceb8adfa1fdc454c5

Masked\_PatientID: 1699

Order ID: de447a4913278887363b8ed3ea5d765c47d6a5d9dfe059da4c3dd36c1ca4b701

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 20/8/2020 9:29

Line Num: 1

Text: HISTORY HCC - reucrrence- s/p Rob Left hep TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison CT of 14 February 2020. There is peribronchial consolidation in the right upper lobe with air bronchogram which is stable in appearance. Previous biopsy shows malt lymphoma. There is emphysema in both lungs. Is nonspecific. No new suspicious pulmonary mass. There is no pleural or pericardial effusion. There isno enlarged axillary, mediastinal or hilar lymph node. There is hypodense appearance of the remnant liver, suggesting fatty liver. Subcapsular hypodensity in segment VII corresponds to the site of previous ablation (10-27). The rest of the hypodense lesions in the liver are attributed to hepatic cysts. There is ectasia of the biliary tree along the resection margin in segment VIII (7-13). There is subcapsular wedge-shaped area of enhancement in the arterial phase in segment VI (7-28), not visualised in the other phases, most likely related to perfusion. No new hypervascular hepatic mass. A tiny gallstone is present. The rest of the biliary tree and common bile duct are not dilated. The visualised branches of the portal and hepatic veins are patent. The spleen is mildly enlarged measuring 12.9 cm. Pancreas is unremarkable and the pancreatic duct is not dilated. There is no adrenal mass. Bilateral renal hypodense lesions are likely cysts. No hydronephrosis. No enlarged abdominal or pelvic lymph node or ascites. There is mild colonic diverticulosis. The bowel loops are of normal calibre. No aggressive bony lesion. CONCLUSION Peribronchial consolidation with air bronchogram in the right upper lobe is stable. Previous biopsy shows malt lymphoma. There is no enlarged lymph node in the thorax, abdomen or pelvis. No new suspicious pulmonary mass. Hepatic steatosis. There is subcapsular arterial enhancement which appears wedge shape adjacent toa cyst in segment VI. It is probably due to perfusion. No new suspicious hypervascular hepatic mass. Mild splenomegaly. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: c1905683728d5af1d992337e64022385d52966f63351ad11df8459c0b8edfb05

Updated Date Time: 25/8/2020 16:41

## Layman Explanation

This radiology report discusses HISTORY HCC - reucrrence- s/p Rob Left hep TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison CT of 14 February 2020. There is peribronchial consolidation in the right upper lobe with air bronchogram which is stable in appearance. Previous biopsy shows malt lymphoma. There is emphysema in both lungs. Is nonspecific. No new suspicious pulmonary mass. There is no pleural or pericardial effusion. There isno enlarged axillary, mediastinal or hilar lymph node. There is hypodense appearance of the remnant liver, suggesting fatty liver. Subcapsular hypodensity in segment VII corresponds to the site of previous ablation (10-27). The rest of the hypodense lesions in the liver are attributed to hepatic cysts. There is ectasia of the biliary tree along the resection margin in segment VIII (7-13). There is subcapsular wedge-shaped area of enhancement in the arterial phase in segment VI (7-28), not visualised in the other phases, most likely related to perfusion. No new hypervascular hepatic mass. A tiny gallstone is present. The rest of the biliary tree and common bile duct are not dilated. The visualised branches of the portal and hepatic veins are patent. The spleen is mildly enlarged measuring 12.9 cm. Pancreas is unremarkable and the pancreatic duct is not dilated. There is no adrenal mass. Bilateral renal hypodense lesions are likely cysts. No hydronephrosis. No enlarged abdominal or pelvic lymph node or ascites. There is mild colonic diverticulosis. The bowel loops are of normal calibre. No aggressive bony lesion. CONCLUSION Peribronchial consolidation with air bronchogram in the right upper lobe is stable. Previous biopsy shows malt lymphoma. There is no enlarged lymph node in the thorax, abdomen or pelvis. No new suspicious pulmonary mass. Hepatic steatosis. There is subcapsular arterial enhancement which appears wedge shape adjacent toa cyst in segment VI. It is probably due to perfusion. No new suspicious hypervascular hepatic mass. Mild splenomegaly. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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