# Row 2665

Visit Number: 24eeccd5626dfd293afa68cda08c74f30ba6fbefaef37c555268327c9a81b212

Masked\_PatientID: 2647

Order ID: 550948cfec94777adf91f54d8f77b6dac245371f2f40522690c0b8e9aaf2b746

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 02/11/2020 14:13

Line Num: 1

Text: HISTORY CT Chest: post right VATS upper lobectomy for early stage lung ca, b/g of liver HCC. CT Liver: Recurrent HCC - treated Last CT - NED Surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS Comparison with previous CT of 19 June 2020. Post right upper lobectomy. There is no significantly enlarged axillary, mediastinal or hilar lymph node. There is no pleural or pericardial effusion. The visualised mediastinal vasculature is patent. The oesophagus is unremarkable. Scarring is present in the right hilar region. No consolidation or suspicious mass in both lungs. The liver is cirrhotic. Surgical clips in the liver in keeping with prior wedge resection. There is hypodensity in segment four measuring 1.5 x 1.2 cm (17-21, 7-23), stable and attributed to post-treatment change. Lipiodol deposit in segment four hepatic dome (7-16) is unchanged in appearance. No new hypervascular hepatic mass. Hyperdensity at the subcapsular aspect of the right hepatic lobe is unchanged (3-30), attributed to post-treatment sequelae. The visualised portal vein branches are patent. There is dilatation of the intrahepatic ducts in both hepatic lobes which appear worse. Common bile duct measures 9 mm in thickness and is mildly dilated. Mild splenomegaly measuring 12 cm in length. Small infarct at the lateral aspect of the spleen (17-27) is new. Increased ascites in the abdomen and pelvis. No mass in the pancreas or pancreatic duct dilatation. No adrenal mass. No hydronephrosis or suspicious renal mass. No significantly enlarged upper retroperitoneal lymph node. No bowel dilatation. No aggressive bony lesion. CONCLUSION No suspicious pulmonary mass. Postsurgical change in the right lung and right hilar region. Liver cirrhosis. Postsurgical change in the right hepatic lobe. Lipiodol deposit in segment IV hepatic dome is unchanged with no new hypervascular lesion to suggest new HCC. The hypodensity in the periportal/segment IV of the liver is unchanged, attributed to post-treatmentchange with worsening intrahepatic biliary dilatation. Suggest correlation with liver function tests and cholangiopathy shouldbe considered. Increased ascites. New infarct at the lateral aspect of the spleen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 257ea50965efa68a1b2591a699455dc39e77e98529238023cd0c6ec66cc3adbe

Updated Date Time: 10/11/2020 13:22

## Layman Explanation

This radiology report discusses HISTORY CT Chest: post right VATS upper lobectomy for early stage lung ca, b/g of liver HCC. CT Liver: Recurrent HCC - treated Last CT - NED Surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 75 FINDINGS Comparison with previous CT of 19 June 2020. Post right upper lobectomy. There is no significantly enlarged axillary, mediastinal or hilar lymph node. There is no pleural or pericardial effusion. The visualised mediastinal vasculature is patent. The oesophagus is unremarkable. Scarring is present in the right hilar region. No consolidation or suspicious mass in both lungs. The liver is cirrhotic. Surgical clips in the liver in keeping with prior wedge resection. There is hypodensity in segment four measuring 1.5 x 1.2 cm (17-21, 7-23), stable and attributed to post-treatment change. Lipiodol deposit in segment four hepatic dome (7-16) is unchanged in appearance. No new hypervascular hepatic mass. Hyperdensity at the subcapsular aspect of the right hepatic lobe is unchanged (3-30), attributed to post-treatment sequelae. The visualised portal vein branches are patent. There is dilatation of the intrahepatic ducts in both hepatic lobes which appear worse. Common bile duct measures 9 mm in thickness and is mildly dilated. Mild splenomegaly measuring 12 cm in length. Small infarct at the lateral aspect of the spleen (17-27) is new. Increased ascites in the abdomen and pelvis. No mass in the pancreas or pancreatic duct dilatation. No adrenal mass. No hydronephrosis or suspicious renal mass. No significantly enlarged upper retroperitoneal lymph node. No bowel dilatation. No aggressive bony lesion. CONCLUSION No suspicious pulmonary mass. Postsurgical change in the right lung and right hilar region. Liver cirrhosis. Postsurgical change in the right hepatic lobe. Lipiodol deposit in segment IV hepatic dome is unchanged with no new hypervascular lesion to suggest new HCC. The hypodensity in the periportal/segment IV of the liver is unchanged, attributed to post-treatmentchange with worsening intrahepatic biliary dilatation. Suggest correlation with liver function tests and cholangiopathy shouldbe considered. Increased ascites. New infarct at the lateral aspect of the spleen. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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