# Row 4782

Visit Number: e19c82e5728e4e69139f691085e7d210e470403fddfd95332176fc574258040a

Masked\_PatientID: 4778

Order ID: 020f759371c671187516cb63f1376d640522a1f7ae5a4169e0456dcd4159f46b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/12/2018 10:46

Line Num: 1

Text: HISTORY DLBCL stage III bulky disease s/p 3# chemo for reassessment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with CT chest dated 28 September 2018 and CT abdomen and pelvis dated 23 September 2018 (both SKH). Interval resolution of the large soft tissue mass previously seen posterior to the tracheal bifurcation, presumably nodal in nature. No new supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Tip of the right PICC is in the SVC. Mediastinal structures opacify satisfactorily. Heart size is normal. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. No suspicious pulmonary nodule, mass or consolidation. Apparent mosaic attenuation particularly in the lower lobes, possibly due to breathing artefacts. Atelectasis in the lower lobes. Previous subcentimetre nodule in the right lung base is no longer seen. Trachea and central airways are generally patent. Significant decrease in bulk and extent of the large retroperitoneal mass extending to the root of the mesentery, for e.g. comparing 9/42 vs prior CT abdomen and pelvis 602/39 (see key image). Again there isencasement of the abdominal aorta, superior mesenteric artery (SMA), bilateral renal arteries and inferior mesenteric artery. The IVC is no longer encased, although there is still soft tissue around the left renal vein and posterior to the uncinate process of the pancreas. There is concern for partial thrombosis of the SMA (9/44, see key image). Renal arteries are attenuated. The IVC is not well opacified and cannot be commented on. Nevertheless, the bilateral renal veins, portal veins, SMV and splenic vein appear patent. Improvement of the component involving the left psoas muscle, with residual mild stranding in the region. Remnant mild soft tissue around the left proximal ureter, but resolution of prior left hydronephrosis. Mild left perinephric fat stranding remains. Kidneys enhance fairly symmetrically. Subcentimetre bilateral renal hypodensities are too small to accurately characterise. The patient is status post excision biopsy of right inguinal mass. There is soft tissue stranding in the region (7/146). Stable prominent left external iliac lymph node (0.8 cm, 7/119). Mild mural thickening of the third part of the duodenum is probably due to adjacent retroperitoneal soft tissue changes. Bowel loops otherwise show normal calibre and distribution. No pneumoperitoneum. Small amount of free fluid is seen. No suspicious focal hepatic lesion. Gallbladder is contracted; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. Circumferential mural thickening of the urinary bladder could be due to under-distension. Prostate gland is not enlarged. There is no destructive bony lesion. CONCLUSION Since CT chest dated 28 Sept 2018 (for chest) and CT abdomen and pelvis dated 23 Sept 2018 (for abdomen and pelvis): 1. Resolution of presumed nodal mass posterior to the tracheal bifurcation. 2. Resolution of small nodule in the right lung lower lobe, presumed inflammatory. 3. Significant decrease in bulk and extent of retroperitoneal soft tissue extending to root of mesentery, likely nodal. Again there is encasement of vascular structures as detailed above. Of note, there is possible partial thrombosis of the SMA and attenuation of the renal arteries and left renal vein. 4. Resolution of left hydronephrosis. Residual soft tissue is seen around the left proximal ureter. 5. Other findings as described above. May need further action Finalised by: <DOCTOR>

Accession Number: ae3bedccf9b747bb11c3c881f12f62adc3821b087556fa2434d3b75338fc46be

Updated Date Time: 10/12/2018 12:01

## Layman Explanation

This radiology report discusses HISTORY DLBCL stage III bulky disease s/p 3# chemo for reassessment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with CT chest dated 28 September 2018 and CT abdomen and pelvis dated 23 September 2018 (both SKH). Interval resolution of the large soft tissue mass previously seen posterior to the tracheal bifurcation, presumably nodal in nature. No new supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Tip of the right PICC is in the SVC. Mediastinal structures opacify satisfactorily. Heart size is normal. No pericardial or pleural effusion. Imaged thyroid gland is unremarkable. No suspicious pulmonary nodule, mass or consolidation. Apparent mosaic attenuation particularly in the lower lobes, possibly due to breathing artefacts. Atelectasis in the lower lobes. Previous subcentimetre nodule in the right lung base is no longer seen. Trachea and central airways are generally patent. Significant decrease in bulk and extent of the large retroperitoneal mass extending to the root of the mesentery, for e.g. comparing 9/42 vs prior CT abdomen and pelvis 602/39 (see key image). Again there isencasement of the abdominal aorta, superior mesenteric artery (SMA), bilateral renal arteries and inferior mesenteric artery. The IVC is no longer encased, although there is still soft tissue around the left renal vein and posterior to the uncinate process of the pancreas. There is concern for partial thrombosis of the SMA (9/44, see key image). Renal arteries are attenuated. The IVC is not well opacified and cannot be commented on. Nevertheless, the bilateral renal veins, portal veins, SMV and splenic vein appear patent. Improvement of the component involving the left psoas muscle, with residual mild stranding in the region. Remnant mild soft tissue around the left proximal ureter, but resolution of prior left hydronephrosis. Mild left perinephric fat stranding remains. Kidneys enhance fairly symmetrically. Subcentimetre bilateral renal hypodensities are too small to accurately characterise. The patient is status post excision biopsy of right inguinal mass. There is soft tissue stranding in the region (7/146). Stable prominent left external iliac lymph node (0.8 cm, 7/119). Mild mural thickening of the third part of the duodenum is probably due to adjacent retroperitoneal soft tissue changes. Bowel loops otherwise show normal calibre and distribution. No pneumoperitoneum. Small amount of free fluid is seen. No suspicious focal hepatic lesion. Gallbladder is contracted; biliary tree is not dilated. Pancreas, spleen and adrenals are unremarkable. Circumferential mural thickening of the urinary bladder could be due to under-distension. Prostate gland is not enlarged. There is no destructive bony lesion. CONCLUSION Since CT chest dated 28 Sept 2018 (for chest) and CT abdomen and pelvis dated 23 Sept 2018 (for abdomen and pelvis): 1. Resolution of presumed nodal mass posterior to the tracheal bifurcation. 2. Resolution of small nodule in the right lung lower lobe, presumed inflammatory. 3. Significant decrease in bulk and extent of retroperitoneal soft tissue extending to root of mesentery, likely nodal. Again there is encasement of vascular structures as detailed above. Of note, there is possible partial thrombosis of the SMA and attenuation of the renal arteries and left renal vein. 4. Resolution of left hydronephrosis. Residual soft tissue is seen around the left proximal ureter. 5. Other findings as described above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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