# Patient ID: 2647, Performed Date: 19/6/2020 13:00

## Raw Radiology Report Extracted

Visit Number: c71e71ce08f812efb14b9d3a022de0151581343c66ec9c9f67f5be5a6e6b9f66

Masked\_PatientID: 2647

Order ID: b46c6b1aa61e56af307a073276a5b15ca4628cfe7977f38c8a2255dba69d93d1

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 19/6/2020 13:00

Line Num: 1

Text: HISTORY HCC with lung nodule to look for progression TECHNIQUE Contrast-enhanced CT of the thorax and abdomen. Pre-contrast, arterial and delayed phase scans of the abdomen were also done. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT dated 26 December 2019. The patient is post right upper lobectomy. No evidence of local tumour recurrence is detected. No new pulmonary nodule or mass is detected. Atelectasis is seen in the middle lobe. No pleural effusion is detected. No enlarged intrathoracic lymph node is detected. The liver demonstrates an irregular outline and relative hypertrophy of the left lobe, suggesting cirrhosis. The portal vein and its branches opacify normally. The splenic and superior mesenteric veins are widely patent. The patient is post-segment IV wedge resection (22 Nov 2011), segment VII resection (5 Jan 2016), radiofrequency ablation of segment VI HCC (10 Aug 2017, 18 Jan 2018), and Y90 radio-embolisation of segment VI HCC (7 Dec 2018). The patient is also post-TACE of a lesion in segment 4. Lipiodol is seen in this lesion. No evidence of recurrent or residual tumour is detected. Subcapsular enhancement adjacent to the radiofrequency ablation zone is of uncertain aetiology. Fluid in the ablation zone shows no rim-enhancement or gas to suggest superimposed infection. Several subcentimeter hypodensities are again noted, likely representing cysts. There is mild intrahepatic biliary dilatation in the left lobe, worse compared to the last CT. The previously described hypodense lesion in the central aspect of segment 4 (10-21) does not appear to have changed in size. It may represent an area of hepatic/ biliary necrosis post-TACE. No delayed enhancement is seen to suggest a cholangiocarcinoma. The spleen is not enlarged. A small amount of fluid is seen adjacent to the spleen. The previously described cystic lesion in the head of the pancreas (7-43) is unchanged in size. The adrenal glands are normal in appearance. The kidneys demonstrate symmetrical enhancement. No renal mass is seen. No hydronephrosis is detected. The visualized bowel loops are normal in caliber. No abnormally enlarged abdominal lymph node is detected. No destructive bony lesion is seen. CONCLUSION The lesion in segment 4 of the liver treated with TACE shows no evidence of viable tumour. No new HCC is detected. There is mild biliary dilatation in the left lobe of the liver, worse compared to the last CT. There is again a small lesion in segment 4, unchanged from the last CT and possibly representing an area of hepatic/ biliary necrosis post-TACE. Satisfactory appearance post-right upper pulmonary lobectomy. No evidence of local tumour recurrence or new pulmonary nodule is detected. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 581a7ad6bccc41557984a60b3967f53078af5536884c8e85bbe3ddba2dfdc7e2

Updated Date Time: 23/6/2020 16:27

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.