# Patient ID: 2921, Performed Date: 30/12/2016 16:16

## Raw Radiology Report Extracted

Visit Number: ea2e821fb43803cf20ea5d41462adc3248556f316e4ecd9e6f80f51e0f134403

Masked\_PatientID: 2921

Order ID: d9b0346855df14a0ac4e5b35cb17c19bc32bfc7b260ab87025d0c03076877498

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/12/2016 16:16

Line Num: 1

Text: HISTORY Oligouric for the past 48hrs since admission, despite fluid boluses. TRO obstruction. Bedside US by, no enlarged bladder, likely prerenal causes underlying adv HCC on trial drug TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Positive Oral Contrast FINDINGS New collapse consolidation of both lung lower lobes are noted with patchy consolidation in the left lung upper lobe. Small bilateral pleural effusions. No grossly enlarged hilar or mediastinal lymph nodes. A large tumour in the right liver lobe is seen measuring 13.7 x 10.4 cm largely stable. Adjacent smaller 2.3 cm tumour in segment 4 is also stable. The tumour abuts the IVC. The tumour extending to the IVC is better seen with contrast. Gallbladder is unremarkable. The biliary tracts are not grossly dilated. The spleen, pancreas and left adrenal and kidney are unremarkable. Right adrenal gland is not well seen. The right kidney remains displaced inferiorly and slightly compressed by the ® liver tumour. Urinary bladder is largely decompressed with a Foley catheter. There is no hydronephrosis. There is in the suprapubic region a large 15x14 cm new multilocular intraperitoneal collection of blood and fluid extending to the midline anterior abdominal wall rectus sheath. This is suspicious for new intraperitoneal haematoma that involves the rectus sheath. Some of the small bowel segments on the left and the ascending colon appear distended which is likely due to ileus. Diffuse stranding of the subcutaneous fat in keeping with a generalised edematous state. T7 mild compression fracture noted. Severe compression fracture of T8 associated with increased focal lucency that is indeterminate. Left 8th rib fracture is again noted. CONCLUSION No hydronephrosis. The bladder is decompressed with a Foley catheter. There is however a large suprapubic pelvic haematoma that extends into the midline anterior abdominal wall rectus sheath.. Underlying HCC. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: bf238ccbfdd21ea00398742497e64d77f48bd7ea2543376faf1f775f4917d4f6

Updated Date Time: 30/12/2016 16:56

## Layman Explanation

The scan shows a large tumor in the right side of the liver. This tumor is stable and hasn't changed much since the last scan. It's pressing on the right kidney. There is also a smaller tumor in the same area of the liver. There is a large collection of blood and fluid in the lower abdomen. This is likely a new blood clot. The scans also show some fluid in the lungs and some areas of collapsed lung tissue. The scan doesn't show any sign of blockage in the kidneys.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Disease(s):\*\*  
\* \*\*Hepatocellular carcinoma (HCC):\*\* A large tumor (13.7 x 10.4 cm) in the right liver lobe is described, and a smaller tumor (2.3 cm) in segment 4 is also present. Both are noted to be stable.   
\* \*\*Ileus:\*\* Small bowel segments on the left and the ascending colon appear distended, likely due to ileus.  
\* \*\*Generalized edematous state:\*\* Diffuse stranding of the subcutaneous fat is noted.  
\* \*\*Compression fractures:\*\* Mild compression fracture of T7 and a severe compression fracture of T8 associated with increased focal lucency are reported.  
\* \*\*Fracture:\*\* Left 8th rib fracture is noted.  
\* \*\*Intraperitoneal hematoma:\*\* A large 15x14 cm new multilocular intraperitoneal collection of blood and fluid is seen, extending to the midline anterior abdominal wall rectus sheath. It is suspicious for a new intraperitoneal hematoma.  
  
\*\*2. Organ(s):\*\*  
\* \*\*Lungs:\*\* New collapse consolidation of both lung lower lobes and patchy consolidation in the left lung upper lobe are seen. Small bilateral pleural effusions are noted.  
\* \*\*Liver:\*\* A large tumor (13.7 x 10.4 cm) in the right liver lobe is noted, with a smaller tumor (2.3 cm) in segment 4. The tumor abuts the IVC.  
\* \*\*Gallbladder:\*\* Unremarkable.  
\* \*\*Biliary tracts:\*\* Not grossly dilated.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Pancreas:\*\* Unremarkable.  
\* \*\*Adrenal glands:\*\* Left adrenal gland is unremarkable. Right adrenal gland is not well seen.  
\* \*\*Kidneys:\*\* Right kidney remains displaced inferiorly and slightly compressed by the liver tumor. The urinary bladder is largely decompressed with a Foley catheter. There is no hydronephrosis.  
\* \*\*Small bowel:\*\* Some segments on the left appear distended.  
\* \*\*Ascending colon:\*\* Appears distended.  
\* \*\*Rectus sheath:\*\* Involved by the intraperitoneal hematoma.   
  
\*\*3. Symptoms/Phenomenon:\*\*  
\* \*\*Oligouria:\*\* The patient has been oligouric for 48 hours since admission, despite fluid boluses. This is likely related to the prerenal causes of the underlying HCC on trial drug.  
\* \*\*TRO obstruction:\*\* This is mentioned in the history but not elaborated upon in the findings.  
\* \*\*Suprapubic pelvic hematoma:\*\* A large 15x14 cm new multilocular intraperitoneal collection of blood and fluid is seen, extending to the midline anterior abdominal wall rectus sheath. It is suspicious for a new intraperitoneal hematoma.  
\* \*\*Compression fractures:\*\* A mild compression fracture of T7 and a severe compression fracture of T8 are noted.  
\* \*\*Left 8th rib fracture:\*\* Again noted.  
\* \*\*Distended small bowel and ascending colon:\*\* This is likely due to ileus.  
\* \*\*Generalized edematous state:\*\* Diffuse stranding of the subcutaneous fat is noted.