# Patient ID: 3936, Performed Date: 21/8/2015 13:50

## Raw Radiology Report Extracted

Visit Number: f92708996eb68fc007c6803697f12dd748532ef5bd23f30c8d6c77f2a4571ca0

Masked\_PatientID: 3936

Order ID: 92b90e009fd9d2e6e9d74decf145e0b4dc14cc918675284b96e6a5e617f5f218

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/8/2015 13:50

Line Num: 1

Text: HISTORY pt admitted for disseminated shingles(d6 of tx) b/g klatskin tumour s/p hepatectomy and cholecystectomy. For restaging scan. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with 13/06/2015 and 3/7/2015 CT. THORAX The lungs are clear apart from minor atelectasis, with no nodule, consolidation or pleural effusion. No significantly enlarged intrathoracic lymph node is seen. There are coronary arterial calcifications in keeping with atherosclerotic disease. No cardiomegaly or pericardial effusion is identified. ABDOMEN PELVIS History of left hemihepatectomy, cholecystectomy with hepaticojejunostomy (HJ) is noted. The postsurgical collection at the cut surface of the liver is stable at 13 x 14 mm. More medially (7/28) there is another 8 mm locule of collection which was not convincingly seen on the prior study. The intrahepatic duct remains mildly prominent calibre but there is aerobilia, indicative of patency of the HJ. In the region of the HJ, there is nonspecific wall thickening (7/30 - 31, 10/48). The previously seen small cystic lesions with surrounding enhancement (previously suspicious for infected cystic lesions) in the right hepatic lobe show marginal decrease in size (7/33, 34). One is currently 8 x 6 mm and the other is seen as a vaguely hypodense 3 mm focus. There are several other subcentimetre hypodense foci in the liver which are all deemed too small for characterisation but relatively stable, taking into consideration difference in imaging planes. The previously seen severe stenosis at the main portal vein is once again seen. Splenomegaly isseen with the spleen measuring up to 15.7 cm in length. There are collateral vessels straining the splenic vein into the superior mesenteric vein. There is no significantly enlarged lymph node. The pancreas and adrenal glands are unremarkable. Urinary bladder is not adequately distended for assessment. The prostate gland is not enlarged. Normal calibre bowel is noted. No pneumoperitoneum is seen. There is a fat containing right indirect inguinal hernia. No bony destruction is seen. A 7 mm bony haemangioma is seen L5 vertebral body. CONCLUSION The previously seen infected cystic lesions in the right hepatic lobe are marginally smaller. The other hypodensities in the liver are stable and too small for characterisation. There is nonspecific wall enhancement at the HJ which may be postsurgical changes but attention of followup imaging is advised. Stable postsurgical collection at the cut surface of the liver. There is a small 8mm collection medially which appears new. Main portal vein severe stenosis. Splenomegaly and collateral vessels are suggestive of portal hypertension. May need further action Finalised by: <DOCTOR>

Accession Number: be100b48404c20bddf35a5c04dbd96e675c3881fcb21051906f35d589df4c669

Updated Date Time: 21/8/2015 14:36

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.