# Patient ID: 301, Performed Date: 23/2/2016 11:18

## Raw Radiology Report Extracted

Visit Number: de37ba1e01b09d2f40c45b2012eee00fd228319f520ac94c30e3bb89c6ce9cd2

Masked\_PatientID: 301

Order ID: 4366ee84f01a14cdb937ec0f6bcc03fa9da9bbbeb849eb1e4fa8fa5b819f731a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 23/2/2016 11:18

Line Num: 1

Text: HISTORY Assess for peritoneal mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Compared with prior CT study dated 15/10/2015. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of significant mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusions. No evidence of suspicious pulmonary nodules, ground-glass changes of frank areas of consolidation. No focal hepatic lesions are noted. The patient is status post Whipple surgery. The pancreatic and biliary stent are noted in situ. Pneumobilia is noted in the pancreatic duct and biliary ducts. The spleen appears unremarkable. Both kidneys and adrenal glands appear unremarkable. Bowel calibre appears unremarkable. There is marked ascites unchanged from the prior study. No obvious peritoneal nodularity is noted. Small volume retroperitoneal lymph nodes are present. The urinary bladder is partially distended grossly appears unremarkable. No obvious adnexal masses noted. The bowel calibre and appears unremarkable. There are no destructive bony lesions. CONCLUSION Status post Whipple surgery with the pancreatic and biliary stent in situ. Pneumobilia is again noted. Marked ascites unchanged from prior study. No obvious peritoneal metastasis. Known / Minor Reported by: <DOCTOR>

Accession Number: d3418f424c2d98b44dffd2753699c24abc15cb406b4e1558b2a9dad7eb594fba

Updated Date Time: 23/2/2016 16:32

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.