



CT CH/ABD/PEL W/ CON

January 10, 2018 CT of chest, abdomen, and pelvis

CLINICAL STATEMENT: Rectal CA. S/p chemo/RT Eval treatment response

TECHNIQUE: Multislice helical sections were obtained from the thoracic inlet to the pubic symphysis after oral and intravenous contrast administration.

RADIATION DOSE (DLP): 1018 mGy-cm

COMPARISON: 17, 2017.

CORRELATION: None.

FINDINGS:

LUNGS/AIRWAYS: Increase in size of a left lower lobe 1.0 x 1.0 cm, previously 0.6 x 0.5 cm, likely increasing metastatic disease.

PLEURA/PERICARDIUM: No effusion.

MEDIASTINUM/THORACIC NODES: New PowerPort right jugular catheter with tip in superior cavoatrial junction.

HEPATOBIILIARY: Innumerable subcentimeter low-attenuation liver lesions too small to characterize probably benign..

SPLEEN: Unremarkable.

PANCREAS: Unremarkable.

ADRENAL GLANDS: Unremarkable.

KIDNEYS: Unremarkable.

ABDOMINOPELVIC
NODES: No adenopathy.

PELVIC ORGANS: Unremarkable.

PERITONEUM/
MESENTERY/BOWEL: Rectal wall thickening again noted.

BONES/SOFT TISSUES: Unremarkable.

OTHER: None.

IMPRESSION:

1. Since June 17, 2017, increased size of left lower lobe nodule probably representing metastatic disease.

FINAL REPORT

Dictated By: MARC J. GOLLUB, MD
Staff Radiologist: MARC J. GOLLUB, MD

I attest that the above IMPRESSION is based upon my personal examination of the entire imaging study and that I have reviewed and approved this report.

The following terms are used in MSKCC Radiology reports (except those of breast imaging studies) to convey the radiologist's level of certainty for a given interpretation.

Consistent with	> 90%
Suspicious for/Probable/Probably	approx 75%
Possible/Possibly	approx 50%
Less likely	approx 25%

Unlikely

< 10%

Electronically Signed By: MARC GOLLUB , MD (Jan 11 2018 3:13:25:100PM)

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