



CT AB/PEL WITH LIVER TRIPHASIC

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1/3/2020 CT abdomen and pelvis with triphasic liver

CLINICAL STATEMENT: Metastatic rectal cancer. Bleeding from ostomy.

TECHNIQUE: Multislice helical sections were obtained from the domes of the diaphragm to the pubic symphysis after oral and intravenous contrast administration. Pre-contrast, late arterial-, and venous-phase images were obtained.

RADIATION DOSE (DLP): 2885 mGy-cm

COMPARISON: December 19, 2019.

CORRELATION: None.

FINDINGS:

HEPATOBIILIARY: Cirrhotic hepatic morphology . Segment 6 ablation zone with unchanged heterogeneous parenchymal enhancement probably postradiation changes changes. Probably unchanged hepatic lesions:  
\* Segment 2/4 a, 3.2 x 2.5 cm (series 4, image 43), previously 2.6 x 2.1 cm  
\* Segment 5 2.7 x 2.0 cm

Hepatic and portal veins remain patent. Mild enhancement of the gallbladder wall, likely reactive.

SPLEEN: Unremarkable.

PANCREAS: No pancreatic ductal dilatation.  
Unchanged fluid density lesion in the pancreatic body/tail junction measuring 2.5 x 2.0 cm, probably pseudocyst.

ADRENAL GLANDS: Unremarkable.

KIDNEYS: Unremarkable.

ABDOMINOPELVIC NODES: Unchanged slightly prominent probably reactive mesenteric lymph nodes.

PELVIC ORGANS: Unremarkable.

PERITONEUM/MESENTERY/  
BOWEL: Unchanged abdominal wall ileostomy. No definite arterial extravasation is identified, though the inferior margin of the ostomy site is excluded from the field-of-view on the arterial phase imaging. Assessment for intraluminal arterial extravasation is precluded by positive oral contrast. Robbie unchanged Perirectal recurrence corresponding to FDG avidity on the October 21, 2019 PET/CT measures approximately 1.9 x 1.2 cm (series 5, image 95). Unchanged mild wall thickening involving multiple small bowel loops, probably reactive.

Increased moderate volume ascites.

BONES/SOFT TISSUES: No suspicious osseous lesion.

OTHER: Increased small left-sided pleural effusion. Unchanged nodule in the right lower lobe measuring 1.0 by 0.9 cm (series 2, image 5) . Since October 21, 2019, probably unchanged left hilar lymph node measuring 1.3 x 1.3 cm. Central line tip at right atrium

IMPRESSION:

1. Since December 19, 2019, study is not dedicated to evaluate for GI bleed.
2. Increased moderate ascites with with unchanged edematous small bowel loops is probably reactive.

3. Increased moderate left pleural effusion.
4. No other changes in the short-term follow-up.

FINAL REPORT

Dictated By: HERSH PATEL , MD  
Staff Radiologist: ABDALLAH ARAJI, 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: ABDALLAH ARAJI , MD (Jan 3 2020 10:17:20:477PM)

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