

## CT BRAIN - NECK - CHEST - ABDOMEN - PELVIS

PATIENT NAME		
HIS ID		GESY REGISTRY NO
EXAMINATION DATE	30-04-2024(16:52)	GESY REFERRAL NO: 80790771 EXAM CODE: CY132 EXAM DESCRIPTION: Computed tomography brain/neck/chest/abdomen/pelvis without contrast
DATE OF BIRTH		
POLICE ID		

### **Referral diagnosis/notes:** C06.9

**Technique:** The examination was conducted with multislice CT scanner, before and after I.V. contrast administration, in arterial and venous phase. Gastrographin per os was also administered.

**Comparison:** The exam has been compared to the previous PET-CT scan dated 12/01/2024.

### **CT BRAIN:**

No areas of abnormal density indicating the presence of a recent ischaemic infarct or neoplasm were seen in the cerebral parenchyma - no abnormal enhancement after contrast administration.  
Note is again made of a hypodense area surrounding the left lateral ventricle associated with confluent calcifications adjacent to the frontal horn - old ischaemic infarct?  
There is no evidence of intracerebral or extra-axial haemorrhage.  
No mass-effect or midline shift is demonstrated.  
The intra- and extra-axial CSF spaces appear within normal limits.  
The orbital structures are unremarkable (possible cataract bilaterally).  
No evidence of suspicious bone lesions.  
Reduced pneumatisation of the mastoid cells demonstrating low density material and osteosclerotic deformation.  
Low density material is also noted in the paranasal sinuses due to mild chronic sinusitis.  
Rightward convexity nasal septum deviation.

### **CT NECK:**

Status post partial glossectomy and tonsillectomy.  
No pathologically enlarged or suspicious cervical lymph nodes are seen.  
Normal appearance of the post-nasal space, trachea and larynx - no areas of abnormal enhancement after contrast administration are seen.  
The thyroid gland and parotid glands appear normal in size and homogeneous.  
The carotid arteries appear patent – impression of haemodynamically significant stenosis of the origin of the RICA (U/S evaluation is recommended).  
There are no destructive bony lesions. Multilevel cervical spinal degeneration is noted.

### **CT CHEST:**

Note is again made of stationary scattered nodules in both lungs – the largest is in the RUL, with peripheral calcifications, measuring 34mm in dmax. The rest of them measure <10mm in diameter.  
There is evidence of a new pleural thickening in the ML, most likely without clinical significance.  
Unchanged appearance of the irregular consolidations in the lung bases. However, note is made of reduction of the previously seen nodules (solid and centrilobular) in the Lt lung

base.

*Stable pleural calcifications in the Rt lung base and Lt lung apex.*

*Moreover, no evidence of other abnormalities in the lung parenchyma consistent with space-occupying lesions or active pulmonary disease - the tracheobronchial tree appears patent.*

*There is no evidence of pericardial or pleural effusion.*

*No pathologically enlarged mediastinal, hilar or axillary lymph nodes are depicted.*

*The heart appears with a normal shape and size.*

*The thoracic aorta and pulmonary arteries are normal in diameter.*

*There is evidence of a large hiatus hernia with displacement of most of the part of the stomach into the thoracic cavity.*

*No suspicious bony lesions are shown - multilevel thoracic spinal moderate degeneration.*

### **CT ABDOMEN - PELVIS:**

*The liver is homogeneous, normal in size and poorly enhanced due to diffuse hepatic steatosis. No focal or diffused lesions are detected in the liver parenchyma.*

*The gallbladder appears thin walled, with a 10mm calcified gallstone. The intra- and extra-hepatic bile ducts are not dilated.*

*The spleen, adrenal glands and the pancreas appear unremarkable. No dilatation of the pancreatic duct is seen.*

*Both kidneys are correctly positioned, with normal size and correct structure. No enhancing lesions or calculi are identified throughout both kidneys — no signs of urinary obstruction.*

*The urinary bladder has smooth contours and normal wall thickness.*

*The prostate gland is normal in size and heterogeneous, with well-defined contours. The seminal vesicles appear symmetric.*

*Several diverticula of the sigmoid and descending colon are seen without signs of active inflammation.*

*No pathologically enlarged lymph nodes or abnormal free fluid were found.*

*The abdominal aorta, IVC and portal vein are normal in diameter. Mild atheromatous changes are noted.*

*Bilateral inguinal hernia containing fat tissue.*

*There are no destructive or osteoblastic bone lesions - degenerative changes are observed.*

### **CONCLUSION:**

*No evidence of significant differentiation compared to the previous exam PET-CT scan dated 12/01/2024, as described above. Clinical correlation is advisable.*

*Dr. Kyriakos Sokratous*

*Diagnostic Radiology Consultant*

*(The report has been electronically signed), 10-05-2024 19:00*