ΤΜΗΜΑ ΔΙΑΓΝΩΣΤΙΚΗΣ & ΕΠΕΜΒΑΤΙΚΗΣ ΑΚΤΙΝΟΛΟΓΙΑΣ
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German Oncology Center

CT BRAIN - CHEST - ABDOMEN - PELVIS

PATIENT NAME			
HIS ID	*0020010294*	GESY REGISTRY NO	
EXAMINATION DATE	*05-06-2024(17:00)*	*GESY REFERRAL NO: 82891812 EXAM CODE: 70450 EXAM DESCRIPTION: Computed tomography, head or brain; without contrast material*	
DATE OF BIRTH			
POLICE ID			

Referral diagnosis/notes: *C34.9 Ca πνεύμονα, μεταστατικό, υπό ανοσοθεραπεία. Για επανέλεγχο*

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 CT scan dated 30/01/2024.*

CT BRAIN:
No areas of abnormal density indicating the presence of a recent ischaemic infarct or neoplasm were seen - no areas of abnormal enhancement after contrast administration are seen.
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.
No evidence of suspicious bone lesions.
Normal pneumatisation of the mastoid cells bilaterally.
Note is again made of retention cysts in the maxillary sinuses and low-density material within the ethmoid cells. Moreover, the paranasal sinuses are normally developed and aerated.

CT CHEST:
Note is again made of right-sided pleural effusion, measuring 30mm in AP dimension, associated with slight compressive atelectases.
Unchanged appearance of the previously described consolidation in the right lung, also involving the hilum, measuring approximately up to 57mm in AP dimension – known malignancy.
No evidence of new abnormalities in the lung parenchyma consistent with space-occupying lesions or active pulmonary disease - the tracheobronchial tree appears patent.
There is no evidence of left-sided pleural effusion.
Unchanged appearance of the mediastinum and the thyroid nodule in the left lobe of the gland.
No suspicious bony lesions are shown - thoracic spinal moderate degeneration.

CT ABDOMEN - PELVIS:
The liver is homogeneous and poorly enhanced due to moderate diffuse hepatic steatosis, with an elongated right lobe. No new/suspicious lesions are detected in the liver parenchyma. The portal vein is slightly dilated, measuring 15mm in diameter.
The gallbladder appears thin-walled, free of hyperdense gallstones. The intra- and extra-hepatic bile ducts are not dilated.

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No pathology of the spleen is detected.
The pancreas is normal in size, without new lesions – note is again made of a tiny calcification in the head of the pancreas. 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 adrenal glands appear unremarkable.
The urinary bladder has smooth contours and normal wall thickness.
The uterus and its adnexa are seen in a normal position, with average size – there is again evidence of a thin-walled cyst in the left ovary measuring 13mm in dmax (previously 16mm).
No definite mass lesions are identified involving the intestines – excessive faecal loading constricts the evaluation. No mesenteric lesions were revealed.
No pathologically enlarged lymph nodes or abnormal free fluid were found.
The abdominal aorta and IVC are normal in diameter. Atheromatous changes are noted.
No destructive bony lesions are depicted – moderate degenerative changes are observed.

CONCLUSION:
No evidence of significant differentiation compared to the previous exam dated 30/01/2024, as described above. Clinical correlation is advisable.

Dr. Kyriakos Sokratous
Diagnostic Radiology Consultant
(The report has been electronically signed), 13-06-2024 17:26