ΤΜΗΜΑ ΔΙΑΓΝΩΣΤΙΚΗΣ & ΕΠΕΜΒΑΤΙΚΗΣ ΑΚΤΙΝΟΛΟΓΙΑΣ
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German Oncology Center

CT BRAIN - CHEST - ABDOMEN - PELVIS

PATIENT NAME			
HIS ID		GESY REGISTRY NO	*301421*
EXAMINATION DATE	*22-05-2024(15:30)*	*GESY REFERRAL NO: 82033289 EXAM CODE: 70450 EXAM DESCRIPTION: Computed tomography, head or brain; without contrast material*	
DATE OF BIRTH			
POLICE ID			

Referral diagnosis/notes: *C64 Ca νεφρού με πνευμονικές και λεμφαδενικές μεταστάσεις. Για επανέλεγχος.*

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 CAP dated 26/01/2024 and CT BNCAP dated 09/05/2023.*

Significant artefacts degrade part of the images obtained due to the patient's body habitus.

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.
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.
Normal pneumatisation of the mastoid cells bilaterally.
Low-density material in the ethmoid cells and the maxillary sinuses was also noted.
S-shaped convexity nasal septum deviation.

CT CHEST:
Today's CT scan reveals mild pleural effusion bilaterally (Lt>Rt) associated with compressive atelectases in the neighbouring lung parenchyma – progression compared to the previously exam. The previously described secondary lesion in the Lt ling base is currently not identified due to the above described atelectases.
Note is made of made of further progression in size of the known secondary deposit in the Lt lung apex, measuring 32mm in dmax (previously 27mm). There is also evidence of mild deterioration of the neighbouring secondary lesions in the Lt lung apex, measuring up to 15mm in dmax (previously 12mm).
Today's CT scan shows several, partially confluent, nodules in the RUL and ML, measuring up to 11m in dmax (previously 7mm) – progression in size and number compared to the previously exam, indicating the presence of secondaries.
The tracheobronchial tree appears patent.
There is no evidence of pericardial effusion.
The previously seen mediastinal and Lt hilar lymph nodes, measures up to 12mm in SAD at level 6 (previously 10mm) and 7mm at level 4R (previously 10mm).
No pathologically enlarged axillary lymph nodes are depicted.
Note is again made of aneurysmal dilatation of the ascending thoracic aorta, measuring

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41mm in diameter.

CT ABDOMEN - PELVIS:
The liver is homogeneous, normal in size and poorly enhanced due to diffuse hepatic steatosis. Unchanged appearance of the known secondary lesion in segment VII measuring 28mm in dmax and the low-attenuation lesion in segment II measuring 10mm. No definite new lesions are detected in the liver parenchyma.
The gallbladder appears thin-walled, free of hyperdense gallstones. The intra- and extra-hepatic bile ducts are not dilated.
The spleen and the pancreas appear unremarkable.
Both kidneys are correctly positioned. The known malignancy in the inferior pole of the Rt kidney is comparable to the previous exam in size, measuring approximately 55mm in dmax, currently with several surrounding irregular margins and small amount of perinephric fluid, abutting the psoas major and quadratus lumborum muscles. The Lt kidney appears with normal size and correct structure. No calculi are identified throughout both kidneys — no signs of urinary obstruction. Note is again made of a few thin-walled cysts bilaterally.
The adrenal glands appear unchanged.
The urinary bladder has smooth contours – impression of a small polypoid ingrowth adjacent to the posterior wall, measuring 5mm in diameter.
The prostate gland is heterogeneous, with well-defined contours and calcifications, measuring 50x60mm on axial planes, in keeping with hyperplasia. The seminal vesicles appear symmetric.
No pathologically enlarged lymph nodes were found – some small stationary paraaortic LNs are re-seen.
Today's CT scan shows small amount of free pelvic fluid.
No definite mass lesions are identified involving the small and large intestines. No mesenteric lesions were revealed.
The abdominal aorta, IVC and portal vein are normal in diameter.

BONES:
No evidence of new/suspicious bone lesions.
Moderate degenerative changes are re-observed.

CONCLUSION:
Compared to the previous exams, there is evidence of the following:
- mild pleural effusion bilaterally (Lt>Rt) associated with compressive atelectases in the neighbouring lung parenchyma – progression,
- progression in size and number of the known lung secondary lesions bilaterally as described above,
- the previously seen mediastinal and Lt hilar lymph nodes, measures up to 12mm in SAD at level 6 (previously 10mm) and 7mm at level 4R (previously 10mm),
- the known malignancy in the inferior pole of the Rt kidney is comparable to the previous exam in size, currently with several surrounding irregular margins and small amount of perinephric fluid, abutting the psoas major and quadratus lumborum muscles,
- impression of a small polypoid ingrowth adjacent to the posterior wall of the urinary bladder,
- small amount of free pelvic fluid.
Besides that, no other significant differentiation is noted, as described above.
Clinical correlation is advisable.

Dr. Kyriakos Sokratous
Diagnostic Radiology Consultant
(The report has been electronically signed), 22-05-2024 18:31