

MARTIN, DIEHL HAROLD	2033675	05/07/2007	05/07/2007 11:32:16
Patient Name	MR#	Observation Date	Last Edited Date

Result Type:

CT Abdomen wo+w contrast

Reason For Exam:

1.2/2-12/ PANCREATIC CA/EVAL

REPORT OF EXAM::

CT of abdomen and pelvis May 7, 2007

Clinical Information: Follow-up after treatment of pancreatic cancer, comparison with previous CT February 5, 2007

Technique: CT of chest, abdomen and pelvis performed with three-phase pancreas technique, 2.5 mm performed through pancreas before and after the intravenous injection low osmolar contrast with arterial and portal venous phase images, images of lower abdomen and pelvis subsequent with 5 mm helical slice technique. Water used as oral contrast. The patient weighed 200 pounds. 115 ml of Isovue 370 were injected at a rate of 3.8 ml/sec. The scan delay was 40/70 seconds.

Findings: Precontrast images show numerous surgical clips in region of pancreatic head, tiny left renal calculus without obstruction. Lung bases show right pleural effusion and airspace opacities, please see separate chest CT report for complete chest findings. Skeletal structures show extensive degenerative changes in lumbar spine. There are several sclerotic foci with enlarging lesion noted in sacrum as well as persistent lesions in pelvic bones and thoracic spine, no new pathologic fractures.

Pneumobilia is again noted within liver. Several hepatic hypodensities are again evident. There are a few new/enlarging lesions, including posterior segment lesion image 207 measuring 1 cm diameter.

Adrenal glands and kidneys show no definite lesions. Infiltrative soft tissue about region of head of pancreas is again noted with minimal change, possibly mild increase. The previously described vena cava thrombus is not now evident. However vena cava appears compressed and probably chronically occluded more caudal within retroperitoneum. Multiple enlarged mesenteric nodes are again seen, lower right mesenteric node on image 257 now measures 1.1 x 1.5 cm compare with 1.3 x 1.8 previously. No ascites is evident and there is no evidence of bowel obstruction. Fat-containing ventral hernia again noted.

Pelvis shows no abnormal mass, fluid collections or pathologic adenopathy.

Impression: 1. Locally recurrent pancreatic cancer again noted with perhaps slight increased volume. There is stable mesenteric adenopathy.

2. Some new/enlarging liver metastases evident.

3. Status post Whipple procedure with biliary diversion, pneumobilia indicates no biliary obstruction

4. Improvement in thrombus in vena cava with persistent evidence of more caudal occlusion

5. Some worsening of skeletal metastases.

Final Report

Interpreted by: Kenney, Philip J

Title: MD

Signed Date/Time: 05/07/07 11:32