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MARTIN, DIEHL HAROLD	2033675	08/09/2007	08/09/2007 09:56:14
Patient Name	MR#	Observation Date	Last Edited Date

Result Type:

CT Abdomen wo+w contrast

Reason For Exam:

PANCREATIC EVAL

REPORT OF EXAM::

CT of abdomen without and with contrast
 CT of pelvis with contrast

Indication: Follow-up of 56-year-old man with pancreatic cancer, post Whipple resection.

Technique: 5 mm helical images of the abdomen were obtained following the administration of water orally. Next, 2.5 mm helical, arterial phase images of the abdomen were obtained following intravenous injection of low osmolar contrast medium. This was followed by 2.5 mm helical images of the abdomen and 5 mm images of the pelvis in the portal venous phase. The patient weighed 185 pounds. 115 ml of Isovue 370 were injected at a rate of 3.8 ml/sec. The scan delay was 35/70 seconds.

Comparison: Multiple studies dating back to January 23, 2006.

Findings: For interpretation of findings in the chest, please see the separate report.

Abdomen: Post Whipple changes are again demonstrated in the upper abdomen. Infiltrative soft tissue in the retroperitoneum has not changed significantly. Mild mesenteric adenopathy is also stable, with a right mesenteric lymph node measuring 1.4 x 0.8 cm (image 150), previously 1.5 x 1.1 cm (image 257).

As before, there are multiple, small, hypodense hepatic lesions, most of which have been present on multiple prior studies. The subcentimeter lesion previously referred to in the posterior segment dome (image 99) has not significantly changed since the most recent exam, but was not convincingly demonstrated on earlier studies. No new lesions are seen. Pneumobilia indicates continued patency of the biliary enteric anastomosis.

Nonocclusive thrombus along the posterior wall of the IVC above the renal veins (images 123 through 132) is unchanged compared with the most recent exam, but significantly improved compared with February 2007. Notably, the IVC narrows markedly below this level (image 154). This is unchanged, and is not secondary to an extrinsic mass. The remainder of the exam is stable, with no significant splenic, adrenal, or renal lesions. No free air or fluid is demonstrated. A fat containing umbilical hernia is unchanged.

Pelvis: The prostate gland is mildly enlarged. There is no pelvic fluid or adenopathy. Subtle low attenuation in the proximal left

common iliac vein is suspicious for nonocclusive thrombus, and was not convincingly demonstrated on the last study.

Bone window images demonstrate further interval progression of osteoblastic skeletal metastases, notably in T11, L5 and S1, the sacrum, and the ilium bilaterally.

Impression:

1. Stable soft tissue metastases in the abdomen and pelvis but progression of skeletal metastases.
2. Suspect new nonocclusive thrombus in the left common iliac vein. However, marked narrowing of the IVC cephalad to this level may confer some protective effect against embolization. A small amount of nonocclusive thrombus in the IVC further cranially is unchanged.

The findings were discussed with Dr. Posey at 9:50 a.m. on the day of the study.

Final Report

Interpreted by: Tessler, Franklin N.

Title: MD

Signed Date/Time: 08/09/07 09:56

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