

MARTIN, DIEHL HAROLD	2033675	06/09/2006	06/09/2006 10:32:46
Patient Name	MR#	Observation Date	Last Edited Date

Result Type:

CT Pelvis with contrast

Reason For Exam:

1.2/6/8/hx pancreatic ca

REPORT OF EXAM::

CT of abdomen without and with contrast

CT of pelvis with contrast

Indication: 55-year-old man with history of Whipple resection, chemotherapy, and radiation therapy for pancreatic cancer.

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 175 pounds. 115 ml of Isovue 370 were injected at a rate of 3.8 ml/sec. The scan delay was 40/70 seconds.

Comparison: March 29, 2006.

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

Abdomen: Previously described left para-aortic adenopathy is unchanged, measuring 2.0 x 1.1 cm (image 165), compared to 2.0 x 1.3 cm previously (image 40). However, there has been progression of infiltrative soft tissue in the retroperitoneum. This is most pronounced at the level of the left renal artery, which is more encased than before (image 161) as well as at the level of the left renal vein, where it crosses anterior to the aorta. The IVC lumen is almost completely obliterated below this level, but this appearance is unchanged.

Findings consistent with previous Whipple resection are again demonstrated in the upper abdomen. The remaining pancreas appears unremarkable. Small, hypodense hepatic lesions are indeterminate, but unchanged. No splenic lesions are seen.

No adrenal masses are demonstrated. Small, hypodense renal lesions are indeterminate because of size, but are likely cysts. There is no free air or free fluid.

Pelvis: The prostate gland is borderline enlarged. No pelvic fluid or adenopathy is seen.

Bone window images demonstrate no osseous metastases.

Impression:

1. Slight further progression of infiltrative retroperitoneal soft tissue, consistent with progressive recurrent pancreatic adenocarcinoma.

Final Report

Interpreted by:

Title: MD

Signed Date/Time: 06/09/06 10:32