

MARTIN, DIEHL HAROLD	2033675	02/05/2007	02/05/2007 16:19:01
Patient Name	MR#	Observation Date	Last Edited Date

Result Type:

CT Abdomen wo+w contrast

Reason For Exam:

DAY OF/PANCREATIC CA/RESTAGING

REPORT OF EXAM::

CT of the abdomen and pelvis without and with contrast, three-phase pancreas protocol 02/5/07:

Indication: 55-year-old man with pancreatic cancer, status post Whipple and adjuvant chemotherapy. Evaluate interval change.

Findings: Comparison is made with the most recent study dated 10/30/06 as well as with a more remote study dated 06/9/06. Chest CT performed today will be reported separately.

The patient weight is 199 lbs, and 115 mL of Isovue 370 was injected at a rate of 3.8 mL/sec. The delay to scanning was 40, 70 seconds.

Abdomen: Patient has undergone Whipple, with typical postsurgical changes. Pneumobilia indicates hepaticojejunostomy patency, there is no pancreatic duct dilation, and the undistended Roux limb appears unremarkable.

Compared to scans dating back to June 2006, the infiltrative soft tissue surrounding the aorta, renal artery origins, posterior renal vein surfaces, and occluding the cava has not changed appreciably in size. However, there is a new nonocclusive thrombus within the inferior vena cava that begins immediately superior to the level of occlusion and extends 4 cm cranially to the level of the intrahepatic cava.

Multiple mesenteric lymph nodes have developed since June 2006, but are not appreciably changed compared to October 2006. The largest node in the right aspect of the mesenteric root measures 1.8 x 1.3 cm on image 227 today, was 1.8 x 1.0 cm on image 265 previously.

Multiple tiny bilobar hepatic lesions are stable in size and number. Two right lobe hyperenhancing lesions are consistent with hemangiomas, also unchanged.

No abnormalities of the spleen, adrenal glands, or kidneys (subcentimeter cysts) are identified. There is no free fluid in the upper abdomen. A small ventral hernia contains fat without evidence of incarceration.

Pelvis: The prostate is mildly enlarged and heterogeneous, and contains several coarse calcifications. No abnormalities of the rectum, sigmoid colon, distal small bowel loops, distal ureters, partially filled urinary bladder, or appendix are noted. There is no free fluid in the deep pelvis.

Review of bone window images reveals sclerosis in the medial left ilium, right ilium, midline L5 vertebral body, consistent with metastatic disease.

Impression:

1. New nonocclusive thrombus within the inferior vena cava, beginning immediately above the level of occlusion at the left renal vein entrance.
2. Increasing mesenteric adenopathy. Compared to June, multiple nodes have developed.
3. Skeletal metastases unchanged.
4. Multiple low attenuation liver lesions and hemangiomas, stable.

Dr. James Posey was notified of these findings immediately upon interpretation, as the patient had no scheduled clinic appointment.

Final Report

Interpreted by: Morgan, Desiree E.

Title: MD

Signed Date/Time: 02/05/07 16:19

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MARTIN, DIEHL HAROLD	2033675	02/05/2007	02/05/2007 16:30:55
Patient Name	MR#	Observation Date	Last Edited Date

Result Type:

CT Chest with contrast

Reason For Exam:

DAY OF/PANCREATIC CA/RESTAGING

REPORT OF EXAM::

Chest CT with Contrast

Indication:Pancreatic carcinoma followup

Technique: Following nonionic contrast, 5 mm images were obtained through the chest. Abdomen CT is described separately.. Comparison made with previous chest CT of 10/30/06.

Findings:

LUL nodule is 5 x 3 mm on image 17; was 9 x 5 mm on image 143.

RUL nodule 6 x 3 mm on image 22; was 6 x 10 mm on image 150.

Reticular interstitial disease at both lung bases is unchanged.

Patchy confluent nodular opacities in both lower lobes have increased.

Small bilateral pleural effusions have developed.

No mediastinal or axillary adenopathy. No suspicious bony lesions

Impression:

1. Resolving bilateral upper lobe nodules

2. ILD or lymphangitic carcinoma lower lobes, unchanged

3. Recent bilateral effusions; sympathetic versus pleural metastatic disease.

4. Nodular LL opacities increasing; bronchopneumonia versus metastases.

Final Report

Interpreted by: Malcolm , Ian G

Title: MD

Signed Date/Time: 02/05/07 16:30

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