

Document info

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CT Abdomen And Pelvis W/ Contrast

Patient:	CH	DOB:
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REPORT

CT EXAMINATION OF THE CHEST, ABDOMEN, AND PELVIS WITH IV CONTRAST

EXAMINATION DATE AND TIME: 9/21/2023 12:49 PM

COMPARISON: Outside ultrasound 9/13/2023

REASON FOR STUDY: Pancreatic mass with mets features

TECHNIQUE: Enhanced CT examination of the chest, abdomen and pelvis is performed. Using a multi channel CT scanner, data is obtained through the chest and reconstructed into axial, coronal and sagittal images. 100 cc of Isovue-300 was administered.

In order to reduce the radiation dose administered to the patient, this CT scanner uses protocols incorporating automated exposure control and adjustment of the mA and/or kV according to patient size.

RADIATION DOSE: CTDI: 9 mGy; DLP: 613 mGy-cm

FINDINGS:

Bilateral moderate pleural effusions with associated compressive changes.

Pericardial nodes measure up to 14 mm (series 2, image 94). Additional prominent but nonenlarged lymph nodes are seen in the mediastinum.

There is an ill-defined, heterogeneous hypoattenuating mass in the caudate lobe measuring 3.2 x 2.8 cm. Moderate volume ascites.

The spleen is normal.

The gallbladder and common bile duct are normal.

The pancreas is normal with distinct borders. There is no distinct pancreatic mass identified.

Both adrenal glands are normal in size and shape.

Both kidneys are normal in size and position without evidence of calculus, hydronephrosis or perinephric stranding.

The small bowel and colon appear normal. A normal appendix is noted.

The aorta is normal in course and caliber.

The urinary bladder appears normal.

Large pelvic adnexal masses measuring up to 10 cm.

There is omental nodularity noted throughout the abdomen, for example 8.3 x 3 cm mass in the right upper lobe (series 2, image 172).

IMPRESSION:

Large adnexal pelvic masses bilaterally measuring up to 10 cm with peritoneal carcinomatosis. Moderate volume ascites. Moderate bilateral pleural effusions.

Additional suggestion of hepatic and pericardial lymph node metastasis.