



CT Abdomen & Pelvis w/ Contrast

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Clinical indication: Colon cancer with liver metastasis. To assess response. **Technique:** Contrast enhanced volumetric CT acquisition of the chest, abdomen and pelvis was performed, utilising routine protocol. **Comparison:** Prior similar CT study dated January 4, 2024. **Findings:** *Chest:* Right sided Port-A-Cath is in situ. The heart and major vessels are unremarkable. There is a stable 0.7 cm right hilar lymph node, likely reactive/benign. There are no enlarged mediastinal or axillary lymph nodes. There is no pleural or pericardial effusion. There is interval visualisation of a few ground-glass opacities in the left upper lobe and lingula, as well as few pulmonary micronodules, for example; 0.5 cm, 0.2 cm, 0.3 cm, probably inflammatory for attention on follow-up. The thyroid gland is unremarkable. There are no suspicious osseous lesions. There is stable appearance of the small hiatal hernia with mildly dilated oesophagus with air-fluid level. *Abdomen and pelvis:* The patient is known to have rectosigmoid cancer with further improvement of the primary colonic neoplastic wall thickening, as well as further decrease in size of the pericolic spiculated nodule currently measuring 1.1 cm (1.5 cm previously).

The liver is not cirrhotic. Further decrease in size of the metastatic hepatic lesions. For example: - Segment 7 lesion currently measuring 2.1 cm (3.1 cm previously). - Segment 4b lesion currently measuring 1.5 cm (2.4 cm previously). - Segment 5 lesion currently measuring 1.7 cm (2.1 cm previously).

The hepatic vessels are patent. The gallbladder is unremarkable. No biliary dilatation.

The pancreas, spleen, adrenals, kidneys (apart from bilateral simple renal cysts, and tiny non-obstructive left renal calyceal stone), urinary bladder, seminal vesicles and prostate are unremarkable. There is no free air or free fluid. No suspicious lymph node or distant carcinomatosis. Major abdominal vessels are patent.

There are no suspicious osseous lesions. **Conclusion:** - Further interval improvement of the rectosigmoid cancer, adjacent pericolic spiculated nodule, and hepatic metastasis, in keeping with good partial response.





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- Interval development of few ground glass opacities and few pulmonary micronodules, probably inflammatory for attention of the next follow-up.

تم إصدار هذا التقرير من قبل مستشفى الملك فيصل التخصصي ومركز الأبحاث.

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