

CT Abdomen & pelvis with contrast

NIPACS-Altinagelvin

GRO-C

Performed
Requested by
Order Number

Male
30-Apr-2018 10:20
Philip Gardiner
NIRWAL0024992840

Patient Name
Date Of Birth
Time Reported
Requested from
Status

CONWAY, Seamus Charles
GRO-C 1973
30-Apr-2018 11:55
Ward 1, Altinagelvin
Final

Report

30/04/2018 10:24 CT Abdomen and pelvis with contrast, Author: Barmpagiannis, Nikolas-Fotios

Final

Reason for referral:
"pelvis/groin pain for 4/7
radiating into back and down legs

? evidence of any bleeding / pathology causing symptoms".

I note from the ECR that the patient has cirrhosis secondary to HCV and alcohol, portal hypertension, multiple liver lesions, portal vein thrombosis. These information were not provided in the referral form.

Technique:

Intravenous contrast administration. Spiral CT scan.

Comparison:

No previous images available.

Findings:

There is a large 7cm x 6cm soft tissue lesion centered around the right ilium (above the right acetabulum) with associated bone destruction. This large soft tissue lesion lies also in close proximity to the right iliopsoas muscle. Metastatic lesions in the lower lumbar vertebrae with associated posterior cortex breakthrough and extension to the epidural space - cord compression (possible Bilsky grade 2 / 3).

The liver is nodular and heterogeneous, according to the known cirrhosis. Multiple hypodense lesions noted within, according to known HCC. Portal vein thrombosis at the bifurcation. Evidence of portal HTN (enlarged spleen, portosystemic collaterals, incl. oesophageal varices). Intra, extrahepatic bile ducts within normal limits. Gallbladder wall thickening and pericholecystic effusion (ddx: low albumin and associated oedema, cholecystitis).

No peritoneal effusion. The pancreas, adrenal glands and kidneys are unremarkable (retroaortic left renal vein, anatomical variant).

Multiple marginal paraaortic and coeliac lymph nodes.

The lung bases are unremarkable. The urinary bladder is adequately distended, without gross exophytic lesions. The prostate gland is enlarged and heterogeneous.

This is not a formal GI tract study and subtle colonic lesions cannot be identified.

Conclusion:

1. Large destructive soft tissue lesion centered around the right ilium (above the acetabulum).
2. Lower lumbar vertebral mets with epidural extension and likely cord compression (Bilsky grade 2 / 3).
3. Whole spine MRI is recommended.
4. Cirrhotic liver with multiple focal lesions. Portal vein thrombosis at the bifurcation.
5. Signs of portal hypertension.

Prepared for Gary Morrison (gmorr020) on 30 April 2018 14:43:52

Page 1 of 2

NOT RELEVANT

1/1

WITN2778015_0001