

There are no signs of intra pulmonary metastatic disease. There are no pulmonary and an application of the pulmonary and an applications are normal. branches enhance normally. The heart and pericardium are normal

The airways and pleural spaces are normal.

There is no osseous metastatic disease.

COMMENT

No intrathoracic metastatic disease.

There has been marked interval improvement of the primary colonic neoplasm which has shown significant reduction in size. There is no trans serosal spread and lymphose ser previously around the neoplasm have shown marked reduction in size

Interval improvement in both intra-abdominal nodal metastases and the intrangalist metastases.

DR. ROBIN SCOTT DATE: 29/06/2021 11:34

ges relating to this report are stored digitally and can be accessed in the future if required. If however you recome a corn, remaining working to this report are stored digitally and can be accessed in the future if required. If however you recome a corn, remaining working to this report are stored digitally and can be accessed in the future if required. If however you recome a corn, remaining to this report are stored digitally and can be accessed in the future if required. aring working hours from 8am-5pm on weekdays. Please note this report was transcribed using a new volce recommendation of the recomm

PR. No. 3805948

Reg. No. 2003/031449/21

VAT No. 4100209818

Patient: DOB:

NAIDU, RICKY 02/10/1967

DR. GREGORY LANDERS Referred By:

Study Date: Study Number: Hospital Name:

29/06/2021 LS5399883 ONCOLOGY CENTRE

REPORT

CT ABDOMEN AND PELVIS

Colonic carcinoma with hepatic metastatic disease,

Enhanced MD CT during portal venous enhancement. Oral contrast has been given to opacify bowel. Comparison has been made with the study dated 17 February 2021.

The primary colonic neoplasm involving the distal ascending colon and proximal transverse flexure of the colon has shown marked interval improvement. The mass is much diminished in size. There are no features on today's study to indicate trans serosal extension. Maximum wall thickness at the site of the tumour is approximately 8 mm. The previous study demonstrated extra colonic enlarged localized lymph nodes which have shown marked reduction in size and are less than 4 mm in short axis diameter.

Multiple intra-abdominal intraperitoneal and retroperitoneal lymph nodes remain. These have all, however, shown interval reduction in size. There is a lymph node inferior to the neck of the pancreas which has a short axis of 8.3 mm (previously 12.3 mm). Other lymph nodes have also reduced in size.

There has also been marked reduction in size of the intrahepatic metastases. Intra hepatic metastases seen on the previous study that were provided as reference metastases are barely discernible and cannot be measured with accuracy. Most of the metastases have reduced in size. There are no new intrahepatic metastases.

The biliary system, the pancreas, the spleen and the adrenal glands remain normal. There is no renal pathology.

There is no metachronous colonic lesion. There is no pathology of small bowel or the stomach.

There is no peritoneal disease.

All images relating to this report are stored digitally and can be accessed in the future if required. If however you require a copy, please contact our reception staff during working hours from Sam-5pm on weekdays. Please note this report was transcribed using a new voice recognition system. If there is discordance between this report and your clinical findings please contact us.

Dr. S. J. Eddgell Janes, or and Dr. D.D. Royston Janes, or and Dr. G. M. Pillay Janes & Trave Dr. K.C.S. Sibisi Janes Grand

Dr. S.M. Nobin securities Dr. Z. ADV MINOR FORM Cir. Y. Paring MICH. FORM MININ

ASSISTANTE: Dr.S. Jacked recounts