

Patient Results

Radiology results - Performed since 11-Sep-17

Upper GI Clinic-Gassiot y M

OP000056387441

24-Oct-17 08:33

MRCP - MRI

1 or more Final Results Received

(Click to expand)

Entered by:

Requested by:

Clinical Details: Known PV thrombosis + previous surg for Crohn's. Episode of painless jaundice, resolved. Gallstones. Please do MRI pancreas + MR of PV as well as MRCP

Question/s: Any stones in CBD, any lesion in pancreas, ?degree of cavernous change of CBD from varices from PV thrombosis

Bleep Number:

24/10/2017, 08:59, MRI Pancreas

Note is made of the MR small bowel dated 29/07/2016, ultrasound dated 17/10/2016 and MRI liver in 2012.

MR pancreas has been performed with limited MRCP sequences.

There is evidence of progressive portal hypertension with splenomegaly and upper abdominal varices. The spleen measures 20 cm (previously 17cm in 2012), and upper abdominal varices are more prominent. There are large distal oesophageal varices. Varices are also noted posterior to the portal vein but are not seen clearly around the common bile duct or gallbladder.

The liver contour is lobulated but is not convincingly irregular. No hepatic steatosis. There is periportal T2 signal hyperintensity which is more prominent since 2012. No focal hepatic lesions.

There is a non occlusive mural filling defect in the main portal vein just before the junction of the right and left portal veins (s40 i33)[link]. The portal vein is otherwise patent. Previously in 2012 there was non occlusive centrally positioned filling defect in right portal vein branches (MRI 5/7/2012 s23 i 35 [link]). The splenic vein is patent. There is a trace of fluid around the spleen.

Hiatus hernia noted.

There is mild gallbladder wall thickening and several gallstones are seen within the gallbladder. No pericholecystic free fluid. No ductal calculi. No intra or extrahepatic biliary duct dilatation. No obvious ductal stricturing although the intrahepatic ducts are not well demonstrated on MRCP sequences. The CBD measures up to 5 mm. The pancreas is atrophic. No focal pancreatic lesions.

Patient Results

Radiology results - Performed since 11-Sep-17

Upper GI Clinic-Gassiot y M

OP000056387441

24-Oct-17 08:33

MRCP - MRI

1 or more Final Results Received

Small mesenteric and upper abdominal lymph nodes are similar compared with previous imaging.

Interpretation:

-Cholelithiasis. No choledocholithiasis or intra or extra hepatic biliary duct dilatation. No obvious ductal stricturing although assessment is limited by the sequences acquired. No focal pancreatic lesion.

-Periportal T2 hyperintensity is of uncertain significance but appears more prominent compared with the MRI in 2012.

-Non occlusive mural thrombus in the main portal vein, evolved since the MRI in 2012.

-Varices and splenomegaly in keeping with progressive portal hypertension. The liver contour is lobulated but there are no overt imaging features of cirrhosis.

Is the patient on thioguanine for inflammatory bowel disease which may account for the portal hypertension? (There is no imaging evidence of nodular regenerative hyperplasia but correlation with previous liver biopsy may be helpful.)

Reported By:

Report Date: 24/10/2017, 12:24

END OF REPORT /