



مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre

Medical Report Translation

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|-----------------------|-----------------|
| Name | Mohd Saad Mohd |
| Medical Record Number | 5048262 |
| Date | 15 October 2023 |
| Authenticated By | علي الجبران |

Age: **79 years** Sex: **Male** DOB: **21/06/1944**

Associated Diagnoses: **Cholangiocarcinoma**

Author: **Alruwaili, Abdullah**

-

Principle Diagnosis: Cholangiocarcinoma (Working).

Evaluation: 79 Years old Married Male, known to have:

- History of paroxysmal atrial fibrillation/atrial flutter.
- Sick sinus syndrome.
- Status post pacemaker implantation (DDDR) in December 2012 in the United States of America for sinus arrest and near syncope.
- Nonobstructive coronary artery disease on coronary angiography which was performed in United States in December 2011.
- Dyslipidemia.

٠٠٩٦٦١١٤٤١٤٨٣٩ فاكس: ٠٠٩٦٦١١٤٦٤٧٣٧٢ المملكة العربية السعودية. هاتف: ١١٢١١ الرياض ٣٣٥٤ ص.ب :

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- Essential hypertension.

- Diabetes mellitus, type II, diet-controlled and Glucophage

S/P Generator change on 2022 at our hospitals/P Lt temporal tumor excision through hemicoronal approach on 2018

Oncology diagnosis work up :

Radiological :

PET/CT 10/2023: FDG avid left hepatic lobe infiltrative lesion with intrahepatic biliary duct dilatation. The differential diagnosis is cholangiocarcinoma, less likely hepatocellular carcinoma. No significant focal FDG avid disease elsewhere.

CT CAP 10/2023: Findings suggestive of cholangiocarcinoma with liver and lymph nodes metastases as described above.

Histopathology :

LIVER BIOPSY :

ADENOCARCINOMA WITH DENSE SCLEROTIC BACKGROUND CONSISTENT WITH PANCREATOBILIARY ORIGIN.

Tumor board discussion on 11/10/2023: Case was discussed today in the hepatobiliary MDT.

Case was presented by Dr. Malago's team. Images were reviewed.

large left lob mass with portahepatis LN.

Case was deemed unresectable and plan was taken for chemotherapy.

Impression and Plan :

Unresectable cholangiocarcinoma (MSI-S) for Cisplatin and Gemcitabine and Durvalumab.

this medical report was dictated as per family request. 79 Years old Married Male, known to have:





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S/P Generator change on 2022 at our hospital

S/P Lt temporal tumor excision through hemicoronal approach on 2018

Oncology diagnosis work up :

Radiological :

PET/CT 10/2023

IMPRESSION 1. NO evidence of FDG-avid infective endocarditis. 2. FDG avid left hepatic lobe infiltrative lesion with intrahepatic biliary duct dilatation. The differential diagnosis is cholangiocarcinoma, less likely hepatocellular carcinoma. Further assessment by enhanced CT study is advised. 3. No significant focal FDG avid disease elsewhere.

CT CAP 10/2023





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Result: Multifocal hepatic lesions involving essentially the left lateral lobe more in the segment 3 as well as in the quadrate lobe also possible at the level of segment 4/5. No arterially enhanced lesion or washout to suggest HCC. Intrahepatic biliary duct dilatation involving mainly the left lateral lobe and the quadrate lobe. Severe attenuation of the left portal vein and the distal part is not visualised as well as the left hepatic vein, however the hepatic vein adjacent to the IVC is patent. There is a small hypodense lesion measuring 1.1 cm in segment 7/8. No other focal lesion seen of the right hepatic lobe. The right portal vein as well as middle and right hepatic veins are patent as well as the IVC. The superior mesenteric artery and veins as well as the splenic vein are patent. There is ill-defined soft tissue infiltration encasing the proper hepatic artery measuring 2 cm, attenuating severely the proper hepatic artery with gradual enhancement especially on the delayed phase. Multiple peripancreatic and porta hepatis lymphadenopathy and the largest measures 1.5 cm multiple small gastrohepatic lymph nodes. No mass of the pancreas seen. Mild prominence of the pancreatic duct. Prominent CBD measuring 0.7 cm. The spleen is of normal dimensions and homogenous density. Both adrenals and both kidneys are normal with mild perinephric fat stranding. Gallbladder is contracted with no obvious radiopaque gallstones seen. No significantly enlarged retroperitoneal lymph nodes seen. No pathological lesion seen of the visualised small and large bowel loops as well as the stomach. No free fluid seen. No peritoneal disease seen. Calcified lymph nodes seen in the upper abdomen corresponding to old granulomatous disease. No suspected focal bony lesions seen. Degenerative changes of the spine. For the lung findings please see the report of the CT scan pulmonary embolism

Conclusion: Findings suggestive of cholangiocarcinoma with liver and lymph nodes metastases as described above.

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Case was deemed unresectable and plan was taken for chemotherapy after biopsy.

Impression :

unresectable cholangiocarcinoma (MSI-S) for systemic iv chemotherapy.

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(IHC STUDY WILL FOLLOW)





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Impression :

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

المملكة العربية السعودية

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