Patient ID: 1201466 Birth date: 11/01/1946

Gender: Female

Process description: CT upper abdomen Study date time: 30/09/2024 17:49

Status: Finalized

HISTORY: Recurrent lung cancer with lung and adrenal metastasis

INDICATION: -

METHOD: CT CHEST AND UPPER ABDOMEN WITH CONTRAST

COMPARISON: Prior PET/CT on 10/07/2024

FINDINGS:

HEAD AND NECK:

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MEDIASTINUM:

- There has been decreased in size and enhancement of the 0.9-cm left lower paratracheal node, compared to the first study in Feb 2023 (1.2 cm).
- There is no significant change in size of several subcentimeter bilateral supraclavicular, right paratracheal, prevacular, and subaortic nodes, measuring up to 0.7 cm in short axis.
- Atherosclerosis of the aorta and coronary arteries is observed.
- The heart and percardium appear unremarkable.
- There is a 0.6-cm nodule in the right lobe of the thyroid gland.
- The esophagus appears unremarkable.

LUNG AND AIRWAYS:

- Post LLL lobectomy is again evident.
- A 2-mm and a 4-mm ground glass nodules in the RUL are again seen (SE10 IM89, 121).
 There is no significant change in size of a few solid nodules in the right lung (SE10 IM148, 206).
- The trachea and main bronchi are patent.

PLEURA:

- Minimal bilateral apical pleural thickening is again detected.
- There is neither pleural effusion or pneumothorax.

HEPATOBILIARY SYSTEM:

- Normal size, shape and parenchymal attenuation are seen. There is a tiny
 hypoenhancing lesion in the subcapsular region of the lateral segment of the left hepatic
 lobe (SE9 IM93), too small to characterize.
- The hepatic veins, portal vein and their branches are patent.
- No dilatation of the intrahepatic bile duct or common bile duct is seen.
- The gallbladder is partially distended without opaque stone. Fundal adenomyomatosis of the gallbladder is observed.

ADRENAL GLANDS:

- There has been slightly decreased size of the 5.4x5.6-cm heterogeneous enhancing mass at the left suprarenal region, abutting the left kidney without fat plane separation (previously 5.7x6.1-cm). Mild surrounding fat stranding is observed.
- The normal left adrenal gland cannot be identified.
- Nodular thickening of the right adrenal gland is again observed.

PANCREAS AND SPLEEN:

Unremarkable

CHEST:

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ABDOMEN:

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KIDNEYS:

 Both kidneys are of normal size and enhancement. A few cortical cysts in both kidneys are seen, measuring up to 1.6 cm. Small amount of left perinephric fat stranding and fluid is again found. No solid renal mass, stone, or hydronephrosis is observed.

GI TRACTS:

- A transverse colonic diverticulum is found.
- The stomach and the rest of the visualized bowel loops appear unremarkable.

INTRA-ABDOMINAL LYMPH NODES:

• There has been decreased size of the 0.6x0.9-cm nodule in the precaval region (SE9 IM217; previously 1.2x1.7 cm).

PERITONEUM:

There is no ascites.

BONY STRUCTURES:

- Compression fracture of T12 vertebral body is unchanged.
- There is no recent worrisome bone lesion.

IMPRESSION:

Chest

- Post LLL lobectomy.
- A few stable solid and ground-glass nodules in the right lung, indeterminate nodules.
- Decreased in size and enhancement of the 0.9-cm left lower paratracheal node, compared to the first study in Feb 2023.

Abdomen:

- Slightly decreased size of the 5.4x5.6-cm heterogeneous enhancing mass at the left suprarenal region, abutting the left kidney, probably left adrenal metastasis.
- Decreased size of the 0.6x0.9-cm nodal metastasis in the precaval region.
- A tiny hypoenhancing lesion in the lateral segment of the left hepatic lobe, too small to characterize.