

King Chulalongkorn Memorial Hospital - Diagnostic Report

Patient ID :	1201466	Proc Description :	CT Upper abdomen
Patient Name (EN) :	Panuja Siangchaew	Study DateTime :	08/04/2025 18:06
Patient Name (TH) :	ปานุญา เสียงจ้าว	Status :	Finalized
Patient Age :	79 Y	Accession No. :	20250408CT0178
BirthDate :	11/01/1946	Location :	โรงพยาบาลวชิรพยาบาล
Gender :	F	Physician :	Unknown

*** This is the finalized report ***

HISTORY: A case of advanced lung cancer with bone, adrenal and nodal metastases.

CONTRAST MEDIUM: 90 mL of Iobitridol (300 mg.I/mL) with IV injection rate of 1.5 mL/sec

POST CONTRAST ENHANCED MDCT SCAN OF THE CHEST

COMPARISON: CT chest on 16 December 2024.

FINDINGS:

MEDIASTINUM:

There is stable size of the 1.0-cm left lower paratracheal lymph node (SE302, IM140).

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 pericardium appear unremarkable.

There is a stable 0.7-cm nodule in the right lobe of the thyroid gland. Small hiatal hernia is again noted.

LUNGS AND AIRWAYS:

Post LLL lobectomy is again evident.

A 4-mm subsolid nodule in the apical segment of the RUL is stable since 8 February 2023 (SE304, IM87). There are a few stable micronodules in the right lung since 8 February 2023 (IM127, 155, 277, 329). Slightly increased size of now 4-mm nodule (previous 3 mm) in the anterior basal segment of RLL is noted (IM330). Cluster of centrilobular nodules with tree-in-bud opacities and adjacent reticulation are unchanged (IM58), possibly infectious/inflammatory process.

The trachea and main bronchi are patent. Some foci of retained secretion in the subsegmental bronchi of both lungs are again seen.

PLEURA:

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

CHEST WALL:

Degenerative change of the spine is again noted. Compression fracture of T12 vertebral body is unchanged. No worrisome bony destruction is detected.

PRE- AND POST-CONTRAST ENHANCED MDCT SCAN OF THE UPPER ABDOMEN
(PLAIN AND PORTOVENOUS PHASES CONTRAST SYUDY)

COMPARISON: CT upper abdomen on 16 December 2024.

FINDINGS:

HEPATOBIILIARY SYSTEM:

The liver has normal size, shape and parenchymal attenuation. The previously described tiny hypodense lesion in the lateral segment of the left hepatic lobe is not seen in this study. No new solid space-taking lesion in the liver is detected. 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 again observed.

ADRENAL GLANDS:

There has been increased size of the now 4.2x4.3x5.0-cm (previous 3.6x4.6x4.5 cm) heterogeneous enhancing left adrenal mass with cystic/necrotic change, abutting the left kidney and pancreatic tail without fat plane separation. Mild surrounding fat stranding is again observed. Nodular thickening of the right adrenal gland is again observed.

PANCREAS:

Atrophic change of the pancreas is again noted. There is no ductal dilatation or enhancing mass.

SPLEEN:

Spleen is normal in size, without space-taking lesion.

KIDNEYS:

Both kidneys are of normal size and enhancement. A few cortical cysts in both kidneys are unchanged, measuring up to 1.9 cm with internal thin septation, Bosniak I-II. No solid renal mass, stone or hydronephrosis is observed.

GI TRACT:

The stomach and the included bowel loops appear unremarkable.

LYMPH NODES AND PERITONEUM:

There is stable size of the 0.3-cm nodule at prevaval region (SE303, IM171). There is no new significantly enlarged intra-abdominal lymph node. There is no ascites.

BONY STRUCTURES:

Degenerative change of the spine is again noted. No worrisome bony destruction is detected.

IMPRESSION:

Chest:

- Post LLL lobectomy.
- Slightly increased size of now 4-mm nodule (previous 3 mm) in the anterior basal segment of RLL. Please follow up.
- Stable of a 4-mm subsolid nodule and a few other micronodules in the right lung since 8 February 2023, indeterminate nodules.
- Unchanged cluster of centrilobular nodules with tree-in-bud opacities and adjacent reticulation, possibly infectious/inflammatory process.
- Stable size of the 1.0-cm left lower paratracheal lymph node.

Abdomen:

- Mildly increased size of the now 4.2x4.3x5.0-cm left adrenal metastasis (previous 3.6x4.6x4.5 cm).
- Stable of the the 0.3-cm nodule at prevaval region, stable treated nodal metastasis.

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