

## Prompt

What can you see from these three images?



## GPT-4V

### **First Image (Axial Slice):**

Thorax/Upper Abdomen: This image provides a cross-sectional view of the thorax and upper abdomen. There seems to be a structure (potentially a mass) adjacent to the heart, possibly involving the mediastinum or the upper lobe of the left lung. The exact origin and nature of this structure would require further clinical correlation.

Lungs: There are areas of increased opacity, potentially indicating regions of consolidation or masses.

Other Observations: there appears to be an area of increased density along the right lateral thoracic wall, suggestive of a possible pleural effusion.

### **Second Image (Coronal Slice):**

Thorax: There is a clear presence of a structure or mass in the left thoracic region, anteriorly adjacent to the heart. This could potentially involve the lung or mediastinal structures.

Upper Abdomen: It seems that there is some form of heterogeneity or potential pathology in the liver. This may represent a lesion or area of altered attenuation.

Other Observations: a similar area of increased density is visible along the right lateral thoracic cavity. This again supports the possibility of a right pleural effusion.

### **Third Image (Sagittal Slice):**

Thorax: The anterior mediastinal or lung mass is once again visible. Its craniocaudal extent can be better appreciated in this view.

Other Observations: The area of increased density along the right posterior thoracic wall might suggest fluid accumulation in the pleural space.

## Reference answer

Large mass with necrotic foci at the right lung hilum, measuring 10.5 x 11.2 x ~20 cm (including a direct extension in the right lower lobe (RLL)). The mass insinuates into the posterior mediastinum, compressing the left atrium and esophagus; surrounds and compresses and the right pulmonary veins; compresses the arteries to the right middle lobe (RML) and RLL; compresses and focally occludes the RML and RLL lobar bronchi, as well as segmental and subsegmental bronchi, and mildly compresses the right upper lobe (RUL) bronchus. Complete RML collapse. Large RLL consolidation and interstitial thickening in rest of lobe. Large right pleural effusion.

Several non-enlarged pancreaticoduodenal and peripancreatic lymph nodes.