

CT CHEST W CONTRAST

Status: Final result

Order Providers

Authorizing

Encounter

Billing

Signed by

Signed

Date/Time Phone

Pager

Reading Providers

Read

Date

Phone

Pager

All Reviewers List

CT CHEST W CONTRAST: Patient Communication

☒ Not Released

☒ Not seen

Routing History

Priority

Sent On

From

To

Message Type

Results

Radiation Dose Estimates

No radiation information found for this patient

Narrative

EXAMINATION:

CT OF THE CHEST WITH CONTRAST; CT OF THE ABDOMEN AND PELVIS WITH CONTRAST

TECHNIQUE:

CT of the chest was performed with the administration of intravenous contrast. Multiplanar reformatted images are provided for review. Dose modulation, iterative reconstruction, and/or weight based adjustment of the mA/kV was utilized to reduce the radiation dose to as low as reasonably achievable.; CT of the abdomen and pelvis was performed with the administration of intravenous contrast. Multiplanar reformatted images are provided for review. Dose modulation, iterative reconstruction, and/or weight based adjustment of the mA/kV was utilized to reduce the radiation dose to as low as reasonably achievable.

COMPARISON:

PET-CT [REDACTED]. CT chest angiogram [REDACTED]. CT chest, abdomen, and

pelvis [REDACTED].

HISTORY:

ORDERING SYSTEM PROVIDED HISTORY: Metastatic colon cancer to liver (HCC)

TECHNOLOGIST PROVIDED HISTORY:

Reason for Exam: metastatic colon cancer to liver; primary adenocarcinoma of ascending colon

Additional signs and symptoms: Patient states cancer check; SOB, cough, diarrhea, constipation, fatigue, heartburn; known history of pneumonia, and COPD

Relevant Medical/Surgical History: Patient states cancer check; SOB, cough, diarrhea, constipation, fatigue, heartburn; known history of pneumonia, and COPD; ORDERING SYSTEM PROVIDED HISTORY: Metastatic colon cancer to liver (HCC)

TECHNOLOGIST PROVIDED HISTORY:

Additional Contrast?->None

Reason for Exam: Metastatic colon cancer to liver; primary adenocarcinoma of ascending colon

Additional signs and symptoms: Patient states cancer check; SOB, cough, diarrhea, constipation, fatigue, heartburn; known history of pneumonia, and COPD

Relevant Medical/Surgical History: Patient states cancer check; SOB, cough, diarrhea, constipation, fatigue, heartburn; known history of pneumonia, and COPD

FINDINGS:

Chest:

Mediastinum: The thoracic aorta is normal in caliber with mild atherosclerosis. Mild coronary artery atherosclerotic vascular calcifications are also seen. No acute abnormality in the branch vessels of the superior mediastinum and lower neck. The main pulmonary artery is upper limits of normal in size. No large central pulmonary embolism identified. The heart is normal in size. No pericardial effusion. The mediastinal esophagus and thyroid gland are unremarkable. Mildly enlarged distal right paratracheal lymph node measuring 13 mm in short axis dimension not significantly changed from the previous exam. No hilar lymphadenopathy identified.

Lungs/pleura: The central airways are patent. No pleural effusion or pneumothorax. An azygous fissure is seen. Mild emphysematous changes. 6 mm nodule in the left lower lobe on image 89 series 4 new from [REDACTED]. 4 mm nodule in the left lower lobe on image 88 also new. 4 mm nodule in the right lung apex on image 38 without significant change from [REDACTED]. There is a new irregular consolidative opacity in the right lung apex with areas of central cavitation. This measures approximately 4.5 x 2.2 cm on image 37 series 4. There are also mild scattered patchy ground-glass opacities most pronounced in the bilateral upper lobes.

Soft Tissues/Bones: No axillary lymphadenopathy. 11 mm mildly sclerotic lesion in the left posterior T10 superior endplate unchanged from at least [REDACTED]. No other suspicious lytic or blastic osseous lesion. No acute osseous or soft tissue abnormality.

Abdomen/Pelvis:

Organs: Multiple somewhat ill-defined low-density lesions in the liver that are partially calcified. The largest is in the right hepatic lobe measuring approximately 11.3 x 9.8 cm on axial image 41 grossly unchanged from [REDACTED]. No new hepatic lesion identified. The gallbladder is unremarkable. No biliary ductal dilatation. The pancreas and bilateral adrenal glands are unremarkable. Mild splenomegaly without significant change. 14 mm cystic lesion in the right kidney measuring mildly hyperdense to water unchanged from [REDACTED] likely to represent a benign cyst. The left kidney is unremarkable. No obstructive uropathy.

GI/Bowel: The stomach and small bowel are unremarkable. Oral contrast reaches the splenic flexure of the colon. No obstruction or definite wall thickening identified.

Pelvis: The urinary bladder is normal in appearance. The prostate gland is unremarkable. Large volume of free fluid in the pelvis. Fluid extends into the bilateral inguinal canals. No pelvic or inguinal lymphadenopathy.

Peritoneum/Retroperitoneum: The abdominal aorta is normal in caliber with mild atherosclerosis. Large volume of ascites. No pneumoperitoneum. No retroperitoneal or mesenteric lymphadenopathy.

Bones/Soft Tissues: Small periumbilical hernia containing fat and fluid. No suspicious lytic or blastic osseous lesion. No acute osseous or soft tissue abnormality.

Impression

1. 4.5 x 2.2 cm irregular partially cavitary consolidative lesion in the right lung apex new from [REDACTED]. This may represent post infectious scarring although neoplastic disease is not excluded. There are also new patchy mild bilateral ground-glass opacities suspicious for an atypical infectious process.
2. 6 mm and 4 mm nodules in the left lower lobe new from [REDACTED]. These may be infectious although neoplastic disease is not excluded.
3. Unchanged partially calcified hepatic metastatic lesions compared with [REDACTED]. No other evidence of neoplastic disease in the abdomen or pelvis.
4. Large volume of ascites.
5. Small ovoid sclerotic lesion in the T10 vertebral body unchanged from at least [REDACTED].

Order History

[Open Order Details](#)

Results History Report

[View Report](#)

Associated Diagnoses

[Metastatic colon cancer to liver \(HCC\)](#)

[Primary adenocarcinoma of ascending colon \(HCC\)](#)

External Result Report

External Result Report

Existing Charges

Charge Line	Charge	Code	Status	Charge Trigger	Charge Type
	Hc Ct Chest W/ Contrast [3527126000]	71260	Filed - Resolute Hospital Billing	Imaging end exam	Technical
	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	Deleted	Imaging result study	Professional

Order Report

 Order Details

Implants

Port

Port Smartport Ct Low Profile Ti W Poly 6.6fr - Implanted

(Left) Chest

Inventory item:	PORT INFUS L55CM 0.016ML 0.4ML CATH OD2.2MM ID1.4MM INTRO	Model/Cat number:	CT66LTPD
Manufacturer:	ANGIODYNAMICS INC- PMM	Lot number:	5519028

As of

Status:

Implanted