

RADIOLOGY CONSULTATION REPORT

PATIENT NAME: John Doe (TEST PATIENT) **DOB:** 05/12/1959 **EXAM DATE:** February 24, 2026 **EXAM:** CT CHEST WITH INTRAVENOUS CONTRAST

CLINICAL INDICATION: 67-year-old male with persistent non-productive cough for 3 months, hemoptysis, and unintentional weight loss of 15 lbs. History of smoking (40 pack-years).

TECHNIQUE: Helical CT images of the chest were obtained from the lung apices to the lung bases following the administration of 100 mL of Omnipaque 350 IV contrast.

FINDINGS:

Lungs and Pleura: There is a **spiculated hyperdense mass** in the right upper lobe (RUL) measuring approximately 3.2 x 2.8 cm. The lesion demonstrates heterogeneous enhancement. Surrounding **ground-glass opacities** are noted, suggestive of peritumoral edema or post-obstructive pneumonitis. No pleural effusion or pneumothorax is identified. The left lung is clear of nodules or infiltrates. Mild centrilobular emphysema is present in the upper lobes bilaterally.

Mediastinum and Hila: There is significant **mediastinal lymphadenopathy**. A right paratracheal lymph node measures 1.5 cm in short axis, and a subcarinal lymph node measures 1.8 cm. The hilar structures are otherwise normal. The heart size is within normal limits. No pericardial effusion is seen. The thoracic aorta demonstrates mild atherosclerotic calcification.

Chest Wall and Axilla: No destructive osseous lesions are identified. Soft tissues of the chest wall are unremarkable. No axillary lymphadenopathy.

Upper Abdomen: Limited views of the upper abdomen demonstrate a 1.2 cm hypodense lesion in the right lobe of the liver, too small to characterize but statistically indeterminate. The adrenal glands are normal in appearance.

IMPRESSION:

1. **3.2 cm spiculated mass in the Right Upper Lobe**, highly suspicious for **primary bronchogenic carcinoma**.
2. Associated **mediastinal lymphadenopathy** (right paratracheal and subcarinal), concerning for nodal metastatic disease.
3. Indeterminate 1.2 cm hypodensity in the liver; recommend further evaluation with multiphase CT of the abdomen or MRI to rule out metastasis.
4. Background of mild centrilobular emphysema consistent with smoking history.

RECOMMENDATION: Pulmonology consultation for bronchoscopy and biopsy is recommended. PET/CT scan is advised for staging purposes.

