

EXAM: , CTA chest pulmonary angio.,REASON FOR EXAM: ,
Evaluate for pulmonary embolism.,TECHNIQUE: ,
Postcontrast CT chest pulmonary embolism protocol, 100 mL
of Isovue-300 contrast is utilized.,FINDINGS: , There are no
filling defects in the main or main right or left pulmonary
arteries. No central embolism. The proximal subsegmental
pulmonary arteries are free of embolus, but the distal
subsegmental and segmental arteries especially on the right
are limited by extensive pulmonary parenchymal, findings
would be discussed in more detail below. There is no
evidence of a central embolism.,As seen on the prior
examination, there is a very large heterogeneous right chest
wall mass, which measures at least 10 x 12 cm based on axial
image #35. Just superior to the mass is a second
heterogeneous focus of neoplasm measuring about 5 x 3.3
cm. Given the short interval time course from the prior exam,
dated 01/23/09, this finding has not significantly changed.
However, there is considerable change in the appearance of
the lung fields. There are now bilateral pleural effusions, small
on the right and moderate on the left with associated
atelectasis. There are also extensive right lung consolidations,
all new or increased significantly from the prior examination.
Again identified is a somewhat spiculated region of increased
density at the right lung apex, which may indicate fibrosis or
scarring, but the possibility of primary or metastatic disease
cannot be excluded. There is no pneumothorax in the
interval.,On the mediastinal windows, there is presumed
subcarinal adenopathy, with one lymph node measuring

roughly 12 mm suggestive of metastatic disease here. There is aortic root and arch and descending thoracic aortic calcification. There are scattered regions of soft plaque intermixed with this. The heart is not enlarged. The left axilla is intact in regards to adenopathy. The inferior thyroid appears unremarkable. Limited assessment of the upper abdomen discloses a region of lower density within the right hepatic lobe, this finding is indeterminate, and if there is need for additional imaging in regards to hepatic metastatic disease, follow up ultrasound. Spleen, adrenal glands, and upper kidneys appear unremarkable. Visualized portions of the pancreas are unremarkable. There is extensive rib destruction in the region of the chest wall mass. There are changes suggesting prior trauma to the right clavicle. IMPRESSION: 1. Again demonstrated is a large right chest wall mass. 2. No central embolus, distal subsegmental and segmental pulmonary artery branches are in part obscured by the pulmonary parenchymal findings, are not well assessed. 3. New bilateral pleural effusions and extensive increasing consolidations and infiltrates in the right lung. 4. See above regarding other findings.