# Row 10178

Visit Number: 6c66bac2424d11ac98c797ca2af4c35f64963f373dab5bd38b607879f67bd6d0

Masked\_PatientID: 10167

Order ID: e3d12b3f8f89d520b5fb2b54c796b1b73dd0309c7f09a9eb2f947383633e63e4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/4/2017 12:52

Line Num: 1

Text: HISTORY R UL mass on CXR TECHNIQUE Contrast enhanced CT chest was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior chest radiograph of 5 April 2017 was reviewed. No prior comparison CT study was available for review. There is a large mass of low-density attenuation at the right upper hemithorax, measuring 8.7 x 6.6 x 7.0 cm (AP x TR x CC) which appears to be centred in the posterior mediastinum and indents the right upper lobe, with probably a small component within the lung. Mild compressive effect is seen on the right brachiocephalic vein. Nonspecific ground-glass changes are seen in the posterior segment of the right upper lobe. There is some degree of mural thickening in the mid-oesophagus with no clear fat plane between the aforementioned mass (Se 5 img 34). No suspicious lesion is seen in the rest of the lungs. Small bilateral pleural effusions are present (R>L), with a smallloculated component along the posterior aspect of right oblique fissure (se 5 img 41). The major airways are patent. No significantly enlarged mediastinal node is detected. Small volume para-oesophageal, para-tracheal, subcarinal and right hilar nodes are seen. No pericardial effusion is seen. The visualised upper abdomen shows no significant abnormality. No destructive bony lesion is seen. CONCLUSION A large mass of low-density attenuation at the right upper hemithorax, probably centred in the posterior mediastinum (favoured over a lung mass), suspicious for a neoplastic lesion. Further evaluation with biopsy and histo-pathology correlation is suggested. The mass is inseparable from the mid-oesophagus, which demonstrates a degree of mural thickening. Correlation with endoscopy findings should be considered. Small bilateral pleural effusions (R>L). Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 2972e9a046363aa5c0bec12e25af9c6a55da699d149520628476175c85045691

Updated Date Time: 06/4/2017 17:25