# Row 10181

Visit Number: 19747099bbd630be0633860b2a97fc351c5d5c4c84dff627dc01182b42ec9220

Masked\_PatientID: 10167

Order ID: 5e7870c5c443e973a48786cf631007aadaca249cf8bd88c3606a5930911e0712

Order Name: MRI Chest or Thorax

Result Item Code: MRCHE

Performed Date Time: 25/4/2017 12:28

Line Num: 1

Text: HISTORY 64 Chinese Male Non smoker Right upper lobe mass ? extending from mediastinal versus lung mass To delineate planes and to assess for suitability for surgical excision/biopsy TECHNIQUE Multiplanar multi sequence Scans acquired as per department protocol. Intravenous contrast: Gadovist - Volume (ml): 8 FINDINGS CT study dated 06/04/2017 was noted. An 8 x 6.7 x 6.5 cm lobulated mass is noted again in apical region of the right hemithorax. On coronal and sagittal images, it appears to be compressing the right upper lobe and is likely extra parenchymal in origin. It appears encapsulated, at least laterally. Medially it extends into tracheo-oesophageal groove on right, closely abutting short segment of thoracic oesophagus (19-36), but does not appear to invade the oesophagus. This medial component is elongated in tracheo-oesophageal groove (series 14 image 13 - 7) and extends inferiorly almost to the level of carina (14 - 7). There is no evidence of bony destruction or intraspinal extension. The lesion shows restricted diffusion with mostly peripheral enhancement along with some intralesional areas of nodular enhancement superiorly. There is some thickening of upper part of right major fissure which shows enhancement (19-44). A previously seen low density lesion along upper part of major fissure in this region on previous CT study, appears to have nearly resolved in the interval. The tumour abuts short segment of right brachiocephalic vein (19-30) as well as inferolateral aspect of he left right subclavian / innominate artery (11-10), however no convincing vascular encasement identified. There is a subcentimetre lymph node in pretracheal region (14-10). No significant effusion seen. A subcentimetre T2 hyperintense focus in posterior body of T8 vertebral body (16-14) appears nonspecific. CONCLUSION Lobulated mass in apical right hemithorax appears extra parenchymal in location andcompressing right upper lobe (rather than arising from right upper lobe). It has medial extension into upper right tracheo-oesophageal groove, closely abutting short segment of thoracic oesophagus (does not appear to invade oesophagus). No intraspinous extension, bony changes or vascular encasement seen. There is mild thickening of upper medial part of right major fissure. A previously seen low density lesion in this area (on previous CT study) is no longer seen (which could have been loculated fluid in the major fissure). Known / Minor Finalised by: <DOCTOR>

Accession Number: 7aaae06593f5866f9a3b055a9ef20675419870f37219a0b90cf651c6c63bad21

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