# Row 10191

Visit Number: 1aa9187177d9e50caa7d851d552b229344ed1fdc5081f739cc1f75705f3a32d2

Masked\_PatientID: 10188

Order ID: fcff352dd72a7a9fc0e8b4b9253fdff8e6329c0a87cea1ae0fe61a764c17863d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/3/2017 16:37

Line Num: 1

Text: HISTORY 40/Indonesian/Female, b/g metastatic breast Ca noted AoCKD despite positive fluid balance and good urine output for restaging and to look for obstructive uropathy TECHNIQUE Scans of the thorax, chest and abdomen were acquired without administration of intravenous contrast. FINDINGS Intravenous contrast was not administered due to deranged renal function limiting the sensitivity of this study. Comparison was made with the CT scan of 29/6/2016. The primary right breast mass has significantly increased in size with extensive involvement of the overlying skin and nipple areolar complex. There is thickening and enlargement of the underlying muscles as well suggestive of infiltration. There is now development of multiple masses in the left breast with nodular thickening of the overlying skin in keeping with metastasis. Skin thickening/nodularity and subcutaneous fat stranding with new subcutaneous nodules is also seen along the right lower chest wall and right lateral upper abdominal wall in keeping with new metastases. Bilateral axillary nodes have also significantly increased in size with the largest left axillary node measuring 2.8 x 4.3 cm in the current study (se 201/33) vs 1.7 x 1.6 cm in the the previous study (se 300/32). Mediastinal and hilar nodes cannot be assessed due to lack of intravenous contrast. The supraclavicular nodes are not well appreciated due to lack of intravenous contrast and streak artefacts at the root of the neck. There is development of large right pleural effusion with mild contralateral shift of the mediastinum. There is complete collapse of the right lower lobe and partial collapse/consolidation involving the right middle and lower lobes. There is associated mediastinal nodular pleural thickening worrisome for pleural metastasis. New pulmonary nodules measuring 3 mm and 8mm are seen in the right upper lobe (se 205/38) and are in keeping with metastasis. Multiple new pulmonary nodules are seen scattered in the left lung as well with the largest nodule in the left upper lobe measuring 1.0cm (se 204/41). The heart is normal in size. No pericardial effusion is seen. The liver shows a vague hypodensity in segment 4A/8, in keeping with known metastasis. The gallbladder, spleen, pancreas, adrenal glands and kidneys show no contour deforming mass. There is no evidence of hydronephrosis. Previously seen prominent retroperitoneal nodes appear smaller. Bilateral inguinal nodes are seen again, slightly less prominent as compared to the prior study with the largest left inguinal node measuring 1.4 x 1.0 cm in the current study vs 1.9 x 1.2 cm in the previous study. No ascites is seen. The urinary bladder and uterus is grossly unremarkable. There is no pelvic mass. There is development of patchy sclerosis in the right half of the manubrium (current se 201/23 vs previous se 300/29). Patchy sclerosis is again seen involving the C7 and T1 vertebral bodies raising suspicion for metastasis. Stable lucent foci are seen in the inferior end plate of T6 and superior endplate of T10 vertebra. Diffuse subcutaneous, intra and intermuscular oedema is seen. CONCLUSION Since the CT scan of 29 June 2016, 1. The right breast mass has increased in size with progressive involvement of the underlying muscles and overlying skin thickening. There is development of new masses in the left breast with overlying nodular skin thickening. 2. There is progression of cutaneous, axillary nodal and pulmonary metastases. 3. There is development of new large right pleural effusion with mediastinal pleural nodularity worrisome for metastasis. 4. Hepatic metastatic lesionis grossly unchanged. 5. Interval improvement of retroperitoneal and bilateral inguinal lymphadenopathy. 6. Stable patchy sclerosis is seen in the C7 and T1 vertebral body. There is new sclerosis in the right half of the manubrium raising suspicion of metastasis. Further action or early intervention required Reported by: <DOCTOR>

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