# Row 10435

Visit Number: ee37f5f2a5f791bc4c57fd9d29c537119c9c1044549cb5d69e7b23543b7a5011

Masked\_PatientID: 10435

Order ID: 66b087bca846b975f85414bf1bda68c947235c9a21e751dd9e8f100c2ace7e30

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/7/2015 9:38

Line Num: 1

Text: HISTORY First seizure with right frontal lobe lesion (on CT brain), B/G newly diagnosed right lower lobe small cell lung ca TRO metastasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS No previous examination was available for comparison. There is consolidation in the right lower lobe. The occluded airways within the anterior lateral segments of the right lower lobe raises the possibility of a centrally placed soft tissue mass. There is also enlargement of the right hilar lymph node, measuring approximately 2.5 cm. Subcarinal lymph node enlargement is present measuring 3.0 x 1.6 cm. There is also a prominent (but not pathologically enlarged) right paracardiac node measuring 1.3 x 0.6 cm. Parenchymal distortion is present in the apices of both lungs particularly at the left apex with focal nodularity. The changes in the left apex would be more in keeping with that due toprevious granulomatous disease. Areas of parenchymal attenuation particularly within the upper lobes would be in keeping with a degree of emphysema. Thickening of the left oblique fissure with some atelectasis of the lingula segment of the left upper lobe is also present. Scans of the liver shows multiple well-defined hypodensities. These have well defined outline and are more in keeping with those due to multiple cysts. The pancreas, spleen and both adrenals are unremarkable. Both kidneys are seen to enhance in a normal manner. Focal area of calcification is present at the cortex of the right upper pole likely representing cortical calcification related to scarring. No enlarged abdominal or pelvic lymph nodes are demonstrated. The bowel shows no suspicious thickening or dilatation. The prostate contains some eccentric calcification. The urinary bladder appears unremarkable. The bones are osteopenic and there are focal areas of lucency with no overt cortical destruction that are deemed due to osteoporosis. There are focal areas of osteosclerosis that are deemed indeterminate but again shows no overt destructive features, for example at the posterior aspect of the right sixth rib. CONCLUSION Comparison with previous examination would be useful. There is consolidation within the right lower lobe with resultant obscuration of the mass. An underlying mass within this region is deemed likely. Enlarged right hilar and subcarinal lymph node are present. There is nodular opacification at the left upper lobe with focal areas of calcification. Previous granulomatous disease is a likely explanation for the left upper lobe changes. Multiple hypodensities within the liver are more in keeping with those due to hepatic cysts than metastases. May need further action Finalised by: <DOCTOR>

Accession Number: 4b012c5c5904b2f4c258ded477135caf674dda1e55f5c1fe29192401de682294

Updated Date Time: 26/7/2015 10:43