# Row 10601

Visit Number: 114dbb73c36c4b7b99eb80254cc8181a01eef96a2d5b52fc8536a9303b0d935e

Masked\_PatientID: 10601

Order ID: a497fe29b1d1d31bad1aff2df3eae7bb448b1fbd742aa19df80941761a3f2c1b

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 15/9/2018 10:20

Line Num: 1

Text: HISTORY abdominal pain that awakes from sleep x 1-2/12. pain worst in RUQ, but also present in epigastrium and LUQ TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Prior chest radiograph performed on 14 September 2018 was reviewed. Thorax There is a large soft tissue mass centred in the left hilar region measuring up to 10.8cm. The mass extends into the mediastinum and is contiguous with the left hilar mediastinal (prevascular , subcarinal, paratracheal) lymphadenopathy. There is mass effect causing narrowing of the left main pulmonary artery and its branches as well as the left main bronchus and its distal branches. There is resultant partial collapse-consolidation and ground-glass changes of the left upper lobe and the left lower lobe. There are few separate left upper lobe lung nodules, likely metastatic. Background centrilobular and paraseptal emphysema. A moderate sized left pleural effusion is also seen. Enlarged right hilar and mediastinal lymphadenopathy is also seen, for example: 1. Right hilar lymph node measuring 1.4 cm in short axis diamtere SAD) (se 5/46). 2. Right lower paratracheal node measuring 1.6 cm in SAD (se 5/38) 3. Right lower paratracheal node measuring 1.6 cm in SAD (se 5/30) 4. Left upper paratracheal node is seen measuring 1.3 cm in SAD (se 5/24) The heart size is enlarged. Small volume of pericardial effusion is seen. Abdomen The liver shows a smooth outline and normal enhancement. Nonspecific calcifications in the periphery of segment III of the liver. Focal fatty change is seen in periphery of segment IV. The portal and hepatic veins are well opacified. Thebiliary system is not dilated. The gallbladder is unremarkable. A 4.2 cm heterogeneous right adrenal lesion is suspicious for an adrenal metastasis (se 5/103). There is another 1.2 cm indeterminate left adrenal nodule at the genu. There are few left retroperitoneal nodules measuring between 6mm and 14 mm (7/66, 7/71, 7/80) which are suspicious for metastases. At the right retroperitoneum (7/67) located medial to the right kidney is a 12 mm nodule is indeterminate for solid lesion or hyperdense cyst. Both kidneys contain small hypodense foci, too small for characterisation. No hydronephrosis. The spleen and pancreas are unremarkable. The bowel is of normal calibre and distribution. There is a large duodenal diverticulum. No ascites or intra-abdominal free gas is noted. Enlarged left para-aortic lymph node is seen measuring 1.2 cm (se 7/72). A small volume of prominent retroperitoneal lymph nodes are also seen. In the left upper quadrant (7/16), there is a 3.0 x 1.6 cm soft tissue lobulated nodule which may be another metastatic deposit. There is a lytic lesion seen in the anterior aspect of L4 vertebral body with paravertebral soft tissue measuring 4.9 x 3.2 cm (se 7/80). It is closely abuting the inferior vena cava. CONCLUSION 1. There is a large soft tissue mass centred in the left hilar region which extends into the mediastinum is contiguous with the left hilar and mediastinal lymphadenopathy. This most likely due to a primary lung malignancy with mediastinal and hilar nodal metastases. 2. A few separate left lung nodules are likely metastatic. 3. A moderate sized left pleural effusion and small pericardial effusion are also seen. 4. Right adrenal nodule issuspicious for adrenal metastases. Left adrenal nodule is indeterminate but may be another metastasis. 5. Bony metastasis at L4 with anterior perivertebral soft tissue involvement. 6. Left retroperitoneal soft tissue nodules are worrisome formetastasis. 7. A lobulated soft tissue nodule in the left upper quadrant of the abdomen is likely also metastatic. May need further action Liew Jia Ren Perry , Senior Resident , 18802F Finalised by: <DOCTOR>

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