# Row 10617

Visit Number: 52fe559ef76c2bc2ab1104b5aec5362ba4d009114977cb53775366654c298b8b

Masked\_PatientID: 10617

Order ID: 810c4b2e9c8c608b99f3f40612f15592ad5b9b12190717331f11664cc1707d30

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/1/2018 15:30

Line Num: 1

Text: HISTORY 7.5cm L hilar opacity for evaluation. smoker TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT thorax available. Note is made ofCXR of 27/1/2018 and 7/1/2015. A 17 mm mass is noted in the anterior aspect of the left upper lobe (6-44). In close vicinity, there is another 5 mm nodule more medially (6-45) and a subsegmental collapse of the lung slightly more superiorly (6-32). Immediately adjacent to this is a large 84 x 68 x 70 mm mediastinal mass with nodular margins encasing and narrowing the left main pulmonary artery (5-38), and inseparable from left hilar lymphadenopathy. Tumour invasion of the adjacentleft brachiocephalic vein (7-56) is also noted. There is tumour encasement of the distal left main bronchus (6-41). Marked wall thickening is noted around the apical segmental bronchus of left upper lobe (6-33). This also abuts the adjacent pericardium, aortic arch and pulmonary trunk, with no frank invasion. No pericardial or pleural effusion is noted. The heart size is mildly enlarged. The ascending aorta shows ectasia measuring 35 mm. Mild atherosclerotic calcifications are noted in the distal thoracic aorta and the aortic arch. Mediastinal vasculature enhance normally. A 9 mm left thyroid hypodensity is nonspecific. No supraclavicular or axillary lymphadenopathy present. A 9 mm nodule in the basoposterior right lower lobe (6-70) is non-specific, but appears triangular on coronal view. There is adjacent scarring. Rest of both lungs shows no consolidation, patchy ground-glass changes, interstitial fibrosis or emphysema. Mild bronchiectasis in the leftlower lobe is likely due to previous infection. The major airways are patent. Limited sections of the upper abdomen in arterial phase are unremarkable. Multiple right-sided rib fractures with bridging callus noted. No destructive bony lesion is seen. CONCLUSION 1. A large mass in the left upper lobe/mediastinum with invasion of the left brachiocephalic vein, and encasement of the left pulmonary artery and distal left main bronchus is suspicious for a primary malignancy. Thismay be bronchogenic or thymic in origin. Lymphoma is possible but less likely due to lack of other site of lymphadenopathy. 2. A few nodules in left upper lobe measuring up to 17mm, may be due to lung metastases. 3. A 9mm nodule in basal right lower lobe shows a triangular appearance on coronal view, indeterminate for scarring or metastases. Attention on follow-up suggested. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: e92f92350fffe8f08337b59e2f29c5c7252b40d64bafd0f557940aa9ae283de2

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