# Row 10821

Visit Number: 020f5b72356432a2359ea966fe36da17db524fb9b15ef8d0cd872d664607b58a

Masked\_PatientID: 10811

Order ID: 74323311b47e343df5bd8024bc4a5804998e237eaa93c926e45beb20120ba92c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/1/2018 20:12

Line Num: 1

Text: HISTORY LOW, LOA and early satiety. Ex-smoker. Cough for 3/12. TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80. FINDINGS Thereis no prior CT scan available for comparison. CHEST 8 x 4.7 x 3.7 cm (CC x Width x AP) large, lobulated, heterogeneous mass is noted in the posterior basal segment of the right lower lobe. There is also extension to the right subphrenic region causing indentation over the segment VII of the liver with possible invasion (Im 8/35). The mass shows heterogeneous low density areas likely representing necrosis. There are also 2 discrete pulmonary nodules in the right lower lobe (3 mm, Im 5/49 and Im 5/46). There is extensive coalescent mediastinal lymphadenopathy in the paratracheal, subcarinal and right hilar regions. The mediastinal lymphadenopathy also demonstrates low density areas likely representing necrosis. The conglomerate lymphadenopathy in the subcarinal region measures upto 7 x 6.5 cm. The mediastinal vessels opacify normally. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Small amount of low density right pleural effusion is noted. ABDOMEN AND PELVIS The liver, spleen, pancreas and adrenal glands appear unremarkable. 2 x 1.5 cm cyst is noted in the left renal interpolar region. Few other tiny subcentimetre hypodensities in both kidneys are too small to characterise. No suspicious focal lesion. No calculus or hydronephrosis. Gallbladder is contracted. Uncomplicated gallstone is noted. The prostate gland, seminal vesicles, urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Degenerative changes are noted in the spine. Bilateral pars defects are noted at L5 with grade 1 anterolisthesis at L5-S1. No destructive osseous lesion. CONCLUSION Large heterogeneous pulmonary mass in the right lower lobe is suspicious for a primary lung malignancy. There is extension of the mass to theright subphrenic region with possible invasion of right lobe of the liver. Coalescent necrotic mediastinal and right hilar lymphadenopathy are suspicious for metastases. Two other tiny pulmonary nodules in the right lower lobe are suspicious for metastases. Small right pleural effusion. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 3201cb2f2c44b58e4fc75197e69ce7ebbb560554ab6314e512001281ecb57cae

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