# Row 11145

Visit Number: fa8c2089a7f162dd75e574806e92f86f28ed029f29535c78ec8e9a5617a94fa7

Masked\_PatientID: 11144

Order ID: 4f4ee6e123e713d09dbbd9ff4389de020ad6e73c015c7c1d293dca354131bdbf

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/7/2016 9:08

Line Num: 1

Text: HISTORY left pleural effusion likely lung ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chest radiograph of 21 July 2016 was reviewed. A left pleural cope loop is in situ with its tip within the medial aspect of the left lower pleural cavity. There is a large hydropneumothorax with a smaller fluid component. Mild airspace consolidation in the dependent aspect of the left lower lobe is probably contributed by compressive atelectasis. Some pleural-based tiny nodularity present along the fissures (series five image 63, 58, 33), highly suspicious for malignant effusion There is a 4.1 x 2.2 cm left suprahilar mass encasing one of the left upper lobe segmental bronchovascular bundle. It is closely abutting the upper part of left major fissure and appears to involve adjacent part of apical segment of the left lower lobe as well (5-33). Medially it is closely abutting the adjacent proximal descending thoracic aorta. A 4mm nodule in the left upper lobe (5-39) is nonspecific but may represent a satellite lesion or metastasis A larger subpleural lesions are in the lingular segment (5-67, 10-54) and left lower lobe (5-78, 10-32). A few small nodules in the right upper lobe (5-17, 5-38) are nonspecific. There are pleural thickening and subpleural bullae in the right lung apex, and linear atelectasis/ scarring in the right lower lobe. The major airways are patent. There is no significantly enlarged supraclavicular, mediastinal or hilar lymph node. The heart size is normal. No pericardial effusion is present. In the appended upper abdomen, the medial limb of the adrenal gland appears bulky (4-98, 10-34). Right adrenal gland is unremarkable. There are degenerative changes of the thoracic spine. No focal destructive bone lesion is detected. CONCLUSION 1. Left pleural cope loop with associated large hydropneumothorax. 2. Dominant suprahilar mass in the left upper lobe, involving adjacent left major fissure and probably also involving part of apical left lower lobe, is suspicious for a primary lung malignancy. Tiny adjacent nodule is nonspecific for a satellite or metastatic lesion. 3. Multiple subpleural nodularities and pleural thickening are suspicious for pleural metastasis if there is a confirmed lung neoplasm. Please correlate with pleural fluid analysis. 4. Bulky appearance of the left adrenal gland is indeterminate. No discrete mass. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 57939690f81edb5eebc4559db55018c3fca9b2f80fb7e38f4ae3a1d81cfc640d

Updated Date Time: 23/7/2016 11:39