# Row 11276

Visit Number: bd66e1a5baa9fb0f0fc6bb40455fd9b1f623ea20b2d17400ca8c2670cadf854b

Masked\_PatientID: 11276

Order ID: 73b9eddc161674383acd68f02666913342cd8bd8a0558e8ebcd4fb3df385d63a

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 18/2/2019 15:07

Line Num: 1

Text: HISTORY SOB b/g malignancy lungs clear ? PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison made with previous CT examination dated 27/07/2018. No filling defect is identified in the pulmonary arteries up to the segmental level to suggest embolism. The main pulmonary trunk is not significantly dilated. The heart is mildly enlarged. There are calcifications in the mitral annulus. Scattered mild coronary atherosclerotic calcifications are noted. Anomalous origin of the right coronary artery from the left coronary sinuses again noted. There is no pleural or pericardial effusion. Multiple pulmonary metastatic nodules are identified in both lungs; these have increased in number and size since the previous study. For example the nodule in the right lung base has increased from 1 cm to 2 cm (image 6-82), and there nodule in the superior segment of the right lower lobe has increased from 0.9 to 1.2 cm (image 6-61). The major airways are patent. No enlarged hilar, mediastinal, supraclavicular or axillary lymph node is detected. In the upper abdomen, the previously noted bilateral adrenal nodules have increased in size; the largest nodule in the left adrenal gland now measures 2.4 cm (previously measured 1.6 cm). There are multiple new ill-defined hypodense lesions in the liver, the largest in segment VII approximately measuring 4 x 2.5 cm (5-96); these are suspicious for metastases. Extensive lytic bony metastases involving the ribs, vertebrae and right scapula are noted demonstrating interval progression. Of note, the vertebral lesions involving L1 and right pedicle of two shows encroachment of the soft tissue into the central canal with some indentation of the thecal sac (example images 5-101 and 5-109). CONCLUSION No evidence of pulmonary embolism. There is progressive disease with interval increase in size and number of pulmonary metastases, worsening of multiple bony metastases and increase in bilateral adrenal nodules. The bony lesions involving L1 and L2 encroaches the spinal canal with some indentation of the thecal sac. New multiple ill-defined hepatic lesions are suspicious for metastases. Further action or early intervention required Finalised by: <DOCTOR>

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