# Row 11285

Visit Number: c3144e0d9d35cf564f9aae81db5f2c9566933fac28eba71b9cc7ac5bb9c2d933

Masked\_PatientID: 11282

Order ID: 0dfe402eb0d630ebb31807b00e4fe06aa627e473c8c8eb939808f4eaaaf03723

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 19/9/2018 15:26

Line Num: 1

Text: HISTORY metastatic breast cancer with acute desaturation this AM - TRO docetaxel related pneumonitis TECHNIQUE Non contrast High resolution CT of the chest was performed as per departmental protocol. FINDINGS Comparison is made with the CT chest study dated 24 August 2018. There are interval new ground-glass opacities in both upper lobes, including the lingula, with a predominant peripheral distribution. There are some patchy areas of consolidation in the leftlung apex. Atelectasis is seen in the middle lobe and lingula. A calcified granuloma is seen in the inferior lingula. There are interval increased bilateral bland pleural effusions, right more than left with adjacent compressive atelectasis. The patient is status post left mastectomy with right rectus muscle flap reconstruction. There is a stable 6mm nodule at the subcutaneous soft tissue of the left breast reconstruction site (se 2/55). Stable soft tissue thickening around the leftlateral chest wall are noted. Stable right axillary adenopathy measuring up to 1.1 cm (se 2/33) in short axis. No enlarged mediastinal, hilar left axillary or supraclavicular adenopathy is detected within limits of this unenhanced study. The heart is normal in size. No significant pericardial effusion. Prior total thyroidectomy noted. There is a stable nodular hyperdensity in the right side of the thyroid bed. The partially imaged unenhanced upper abdomen show progression of hepatic metastases with new/ increased in size hypodense metastatic deposits in the right hepatic lobe. There are numerous mixed lytic and sclerotic lesions in the thoracic spine and left ribs, largely stable. CONCLUSION Since CT of24/08/2018: 1) There are interval new ground-glass opacities in both upper lobes, including the lingula, with a predominant peripheral distribution. There are some patchy areas of consolidation also in the left lung apex. Imaging appearances are nonspecific with possible differentials including drug induced, infective or fluid overload related but with given clinical context and distribution, drug induced pneumonitis is favoured, possibility of atypical infection not completely excluded. 2) Increased bilateral pleural effusions. 3) There is a stable 6mm nodule at the subcutaneous soft tissue of the left breast reconstruction site and stable soft tissue thickening around the left lateral chest wall 4) Stable right axillary adenopathy 5) Several hypodense lesions in included liver, partly imaged. Some of these right lobe appear larger now May need further action Reported by: <DOCTOR>

Accession Number: 1b9395c4017416ef32922e2914009cb4edd1004e9564bbab90caf48cae7acc3c

Updated Date Time: 19/9/2018 18:25