# Row 11304

Visit Number: 9a80c696b6269e3ac820fdeecb9d52e7e1f5367d11eb40015c01ed74c58202b1

Masked\_PatientID: 11303

Order ID: 46cb0485f75d8026f5528302d619e8414287b5f090b76094b94c6bdcb4883a87

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/7/2015 10:51

Line Num: 1

Text: HISTORY Metastatic Breast Cancer s/p Left WEAC, s/p multiple lines chemo, last chemo given on 23/6/15 TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume(ml): 75 FINDINGS Comparison was made with the CT scan of 16 May 2015. There is left pleural thickening which appears worse in the interim. The pleural nodule along the left oblique fissure is more prominent, from previous 1.8 x 0.8 cm (image 2/34 and 4/66) to current 2 x 1.2 cm (image 4/47 and 5/47), worrisome for pleural metastatic disease. Status post wedge resection of the left breast. The previously enhancing nodules in both breasts are less well seen on current study and are difficult to compare for interval change. The left internal mammary and prevascular lymph nodes show interval increase in size and number. For example, one increases from previous 1.3 x 1.1 cm (image 2/25) to current 1.7 x 1.7 cm (image 4/34). No suspicious pulmonary nodule or consolidation is detected. The liver shows no obvious mass. The previous subcentimetre ill-defined hypodensity in segment VIII is not well seen currently (previous image 2/58). The biliary system, pancreas, adrenal glands and kidneys are also unremarkable. Stable 1.2 cm hypodense lesion in the spleen is of indeterminate nature. The bowel loops are grossly unremarkable, save for multiple scattered uncomplicated colonic diverticula. No significantly enlarged intra-abdominal lymph node or ascites is detected. The urinary bladder is unremarkable. No suspicious adnexal or pelvic mass is seen. Calcified foci within the uterus are likely related to fibroid disease. Review of the bony anatomy again shows diffuse sclerotic and lytic bony lesions, in keeping with known bony metastases. CONCLUSION Since CT 16/5/15, there is 1. Interval increase in size and number of left internal mammary and prevascular lymph nodes, suspicious for metastatic adenopathy. 2. Interval worsening of left pleural thickening and nodularity, suspicious for pleural metastatic disease. 3. The enhancing nodules in both breasts are not well seen in this study. It may be due to technical factors. 4. The subcentimetre hypodensity in segment 8 of the liver is currently also not well seen. 5. Stable indeterminate hypodensity in the spleen. 6. Uncomplicated colonic diverticular disease. 7. Known diffuse bony metastases. Further action or early intervention required Finalised by: <DOCTOR>

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