# Row 11439

Visit Number: 0cec6251aaf7bde076be84270f35aa230397ff4697551eb75acb14c841c4b8f6

Masked\_PatientID: 11428

Order ID: 460f941aa7b92d3314c057b64cd0690692d9df5da0e8643aac20523d9562fedb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/12/2015 14:40

Line Num: 1

Text: HISTORY smoker ?L apical cavitating lesion past hx Ca prostate TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast FINDINGS Note made of previous C X R s. There is a 2.4 x 3.3 x 3.6 cm solid mass with lobulated /spiculated margins in apical posterior region of left upper lobe subpleural region with a central cavitary area. The lesion abuts adjacent pleura although no adjacent bonydestruction is seen. There are surrounding areas of ground-glass attenuation which may represent part of the background adenomatous changes or surrounding pulmonary haemorrhage. There are multiple conglomerate lobulated masses at the left hilum which extend into left mediastinum, partly encasing left upper lobe bronchovascular bundle. These measure about 5.3 x 2.9 cm and likely represent lymph nodes. There is some narrowing of the left upper lobe bronchus but it remains patent. Some post obstructive changes are present distally. No pleural effusion is detected. There is an ill-defined nodular density in apical left lower lobe (05-55) and another in the right lower lobe (05-76) which appear nonspecific. Rest of the lung parenchyma appears grossly unremarkable. There are background subpleural blebs seen in apical regions bilaterally. The major airways are patent. Rest of mediastinal vasculature enhances normally. No pleural or pericardial effusions. Marked atheromatous changes in descending thoracic aorta as well as abdominal aorta with fusiform aneurysm of infrarenal abdominal aorta measuring up to 3.6 cm in diameter. Partial mural thrombus is also seen. In abdomen the liver appears unremarkable without any focal lesions. Post cholecystectomy status. No biliary dilatation. The spleen, pancreas, adrenal glands and bowel loops appear grossly normal. Bilateral renal cysts with a large 3.5 cm simple cyst at upper pole of the left kidney. Status post prostatectomy. No suspicious mass is seen in the postsurgical bed. No enlarged lymph nodes. There is a 3.5 cm thin walled cystic lesion along left external iliac vessels (08-111) which may represent a small lymphocele. No enlarged abdominal pelvic lymph nodes. No destructive or obviously scattered sclerotic bony lesions are identified. CONCLUSION 1. A cavitating left upper lobe mass, highly suspicious for a primary bronchogenic carcinoma. Lobulated lesions at left hilar region with involvement of adjacent mediastinum and encasement of left upper lobe bronchovascular bundle are likely metastatic nodes. The tumour abuts adjacent pleura however no pleural effusion or bony destruction is seen. Histological correlation is suggested. 2. Two tiny nodules in either lower lobe appear nonspecific. These could be postinflammatory but are indeterminate at this stage and attention at follow-up suggested. 3. No evidence of metastatic disease in abdomen or pelvis. 4. Status post prostatectomy with no evidence of recurrence or abnormal adenopathy in abdomen or pelvis. A 3.5 cm thin walled cystic lesion along left external iliac vessels may represent postsurgical lymphocele. 5. Other minor findings as described above. Further action or early intervention required Finalised by: <DOCTOR>

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