# Row 11539

Visit Number: 6af727d9ad6a59944903f9ae828fda7853303d55a547e2cb2435cddfd39f122d

Masked\_PatientID: 11538

Order ID: 34d89f77fde093b5d0ac5f103e8f83bcd02dca3ae976b6da40367b5b8586c59d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/10/2015 18:26

Line Num: 1

Text: HISTORY 3 months of lower back pain. MRI showed extensive spinal metastases with ?Primary lung mass. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Prior MRI lumbar spine dated 24 August 2015 and CT KUB dated 12 August 2015 were reviewed. CHEST There is an irregular, solid pulmonary mass measuring 2.6 x 3.5 x 4.5 cm in the right lower lobe consistent with a primary lung malignancy. There are enlarged right hilar nodes measuring up to 1.2 cm (im 405-35). Few borderline subcarinal nodes are also detected. There is a trace right pleural effusion and a small left pleural effusion. There is a large 4.8 x 5.3 x 4.6 cm destructive soft tissue mass eroding into T8 vertebrae and the central canal. There is lytic destruction of the T8 vertebrae left-sided pedicle, lamina, transverse process, spinous process and the corresponding T8 head of rib. There is erosion of the proximal T9 riband spinous process inferiorly and T7 pedicle and body superiorly. Another lytic lesion is detected within T11 vertebrae. There is a small 2mm spiculated nodule detected in the left upper lobe (im 401-38), too small to be characterised. There is prominent scarring detected in the right upper lobe with mild traction bronchiectasis and loss of lung volume, likely due to prior fibrogranulomatous infection. Few scattered upper lobe lungs cysts right upper lobe bulla are visualised. Theheart and great vessels are of normal size and configuration. No pericardial effusion is detected. ABDOMEN AND PELVIS There multiple subcentimetre hypodensities detected within the liver which are too small to be characterised. No contour deforming hepatic mass is detected. Gallbladder, spleen, pancreas, adrenals and kidneys are unremarkable. There is no hydroureteronephrosis. Urinary bladder is unremarkable. The prostate is enlarged with coarse internal calcification. The bowelsshow no abnormal wall thickening or dilatation. No significant ascites or pneumoperitoneum is detected. No significant retroperitoneal or pelvic lymph node is detected. There is an enlarging destructive bone lesion detected within the L5 vertebrae and extending into the L5-S1 intervertebral space. It is significantly larger when compared to the previous August 2015 CT KUB. There is also lytic destruction of T12 spinous process. CONCLUSION 1. Irregular solid pulmonary mass in the right lower lobe is consistent with primary lung malignancy. There are associated enlarged right hilar nodes and borderline subcarinal nodes, as well as bilateral small effusions. There is a large destructive soft tissue mass with T8 vertebraeas epicentre, also eroding into the T7 superior and T9 inferiorly, compatible with a large chest wall metastasis. Further bone metastases are detected within the T8 vertebrae, T11 vertebrae, spinous process of T12 and L5. 2. The bone metastasis at level of T8 has eroded into the central canal and may compromise the thoracic spinal cord. Clinical correlation is advised; MRI thoracic spine may be considered. 3. There multiple subcentimetre indeterminate hypodensities detected within the liver, too small to be characterised. 4. Other minor findings as described. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: f6a5ee9412c62f9eb8ef9cbeed2fc29b81e298e042851a7383b8cbbafdf241bb

Updated Date Time: 13/10/2015 19:46