# Row 11979

Visit Number: cf18a9b640e1489de2ba2eec72736165ab4c81017654439420798f74603749a9

Masked\_PatientID: 11979

Order ID: 4499f7dc4650cd6fc639748d9fbca9193ec6d0a73cdefb78e746caec7fa085b8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 25/11/2015 12:44

Line Num: 1

Text: HISTORY possible right lung CA with obstructive pneumonia, worsening this admission c/o headache giddiness vomiting TRO brain mets or abdominal mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Contrast enhanced CT images of the thorax, abdomen and pelvis were acquired. Spiculated right upper lobe heterogeneous mass measuring approximately 5.9 x 7.6 cm (Se 4, Im 51) is seen. The mass abuts the mediastinum medially and is seen encasing and narrowing the right upper lobe and middle lobe bronchi. Attenuation of the superior pulmonary vein is seen. This may be due to an enlarged right hilar lymph node. Septal nodular thickening in the right lung is suspicious for lymphangitic carcinomatosis. Longitundinal nodular thickening in the anterior segment of the right upper lobe likely represents post-obstructive mucus plugging. Right pleural effusion and pleural thickening are noted. A 0.6 x 0.7 cm nodule is seen in the lingula segment (Se 5, Im 78). Mild surrounding scarring is noted. Enlarged mediastinal nodes are seen with the right paratracheal node measuring up to 2.6 x 2.8 cm (Se 4, Im 39). Enlarged right axillary lymphadenopathy is seen, measuring up to 1.4 x 2.3 cm (Se 4, Im 21). Multiple hepatic heterogeneous masses are seen, the largest in the right hepatic lobe measures approximately 6.5 x 10.8 cm (Se 7, Im 36). The main portal vein, intrahepatic portal vein branches and hepatic veins are patent. The spleen, pancreas, gallbladder and adrenal glands are normal. Subcentimetre renal hypodensities are too small to be accurately characterised. No urinary tract calculi, hydronephrosis or hydroureter is detected. The bowel loops are not dilated. A long segment of the distal oesophagus appears thickened, this may be related to underlying oesophagitis. The urinary bladder appears unremarkable. The prostate gland is enlarged, indenting on the posterior wall of the urinary bladder. Minimal free pelvic fluid is seen. Large left para-aortic nodes are seen measuring up to 1.3 x 1.4 cm (Se 7, Im 47). No suspicious destructive bone lesion is detected. Multiple rib fractures are seen bilaterally, for example the right lateral 6th rib and left lateral 5th rib. The fracture sites show medullary lucency and are suspicious for metastases. Surrounding sclerosis likely represents interval healing. The posterior right T12 rib at the costovertebral junction (Se 5, Im 99) appears lucent and is again suspicious for bony metastasis. CONCLUSION 1. Spiculated right upper lobe lung mass is suspicious for a primary malignancy. 2. Right lung nodular septal thickening is suspicious for lymphangitic carcinomatosis. 3. Enlarged mediastinum and right axillary nodes are seen. 4. Multiple heterogeneous hepatic lesions are noted, in keeping with metastases. 5. Multiple rib fractures with medullary lucency is suspicious for bone metastases. 6. Long segment thickened distal oesophagus may be due to oesophagitis. Clinical correlation is suggested. The following study was checked with Dr Narayan. May need further action Finalised by: <DOCTOR>

Accession Number: 7ca2f5583ab23e2bd8458d886c944b0de13bacc8e2d62aa5d802334863a00375

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