# Row 12058

Visit Number: 31372e788d249c67e345fc63a50e100ea9f38f46fd69badb61d5657426037d74

Masked\_PatientID: 12058

Order ID: 49f72e5c66a769cdf8d2e519eab9eb6e44f480ea1d72eba3ce0b81e3243252a0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/6/2015 12:48

Line Num: 1

Text: HISTORY ?Glomerulonephritis / Rt & Lt ML nodular Lung lesions / ANA +ve ; p ANCA +ve tro malignancy / paraneoplastic syndrome TECHNIQUE Unenhanced scans of the thorax, abdomen and pelvis were acquired. (Intravenous contrast wasnot administered due to the renal impairment) FINDINGS Prior chest radiograph of 23/06/2015 was reviewed. Background mild bilateral emphysematous change is seen. Several pulmonary nodules measuring up to 2.8 x 2.0 cm in the left upper lobe (img 4-32) are seen in both lungs. There are enlarged prevascular, paracaval, paratracheal, subcarinal (imgs 2-35 to 2-60) and hilar lymph nodes (measuring up to 3.1 x 2.3 cm in the right hilar region, img 2-69). Calcification within the subcarinal lymph nodes may represent prior granulomatous infection. Enlarged axillary and left supraclavicular lymph nodes are also seen. Heart is normal in size. Small pericardial effusion is seen. No pleural effusion is present. The liver is of normal size and attenuation. No gross hepatic lesion or biliary dilatation noted. The gallbladder, spleen, pancreas, prostate gland, seminal vesicles and urinary bladder are grossly unremarkable. Bilateral adrenal masses are noted (left more than right, measuring 4.8 x 2.5 cm, img 2-107). A couple of exophytic left renal lower pole cystic lesions (measuring up to 4.8 x 3.7 cm, img 2-126) may represent cysts. Non-specific right renal lower pole hypodensity (img 2-123). Tiny non-obstructing left renal lower pole calculus (img 2-130). No hydronephrosis seen. No gross colonic lesion or abnormally dilated bowel loop seen. No ascites is detected. There is diffuse mesenteric fat stranding with several enlarged mesenteric lymph nodes (measuring up to 2.0 x 1.5cm in the right iliac fossa, img 2-150). The nodules anteroinferior to the spleen (imgs 2-110, 2-123) are indeterminate for enlarged lymph nodes vs. splenunculi. Multiple subcutaneous nodules are seen in the left chest (img 2-41) and abdominal walls (measuring up to 2.5 x 2.4 cm in the right anterior abdominal wall, img 2-167). A few soft tissue density nodules are also seen in the right ischio-anal region (imgs 2-190 to 2-213). Mild T12 wedge compression fracture noted. No destructive bony lesion is otherwise seen. CONCLUSION Overall findings are suggestive of widespread metastatic disease involving the lungs, adrenal glands, subcutaneous tissue (chest/abdominal walls, right ischio-anal region) and lymph nodes (mainly mediastinal, hilar and mesenteric). The site of origin of the primary tumour is unclear and may possibly be from the right lung in view of the predominantly right-sided mediastinal lymphadenopathy.Lymphoproliferative disease is a differential diagnosis. Histological correlation is required. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: a864a6fbd80a0f8817e135ce6c144ff3f2f10facec08f49253bde9b6e0a56100

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