# Row 12138

Visit Number: eb03abb5df68e27f1f252c1926fb7767cc6e70000767ae2857732a65cfc4b473

Masked\_PatientID: 12137

Order ID: 11767781546a90e9e9604490541761d951d8002ea56cf01b244e00b075f72438

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/5/2019 10:54

Line Num: 1

Text: HISTORY For work-up of weight loss TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 Positive Rectal Contrast FINDINGS There are no prior CT studies available for comparison. THORAX In the apical segment of the right upper lobe, there is a solitary 1.2 x 1.0 x 1.0 cm enhancing soft tissue nodule with central cavitation. The nodule demonstrates spiculated margins and appears to be tethered to the overlying pleura. Findings are suspicious for a primary malignancy and histological correlation is suggested. No other suspicious pulmonary nodule is seen. Several subcentimetre nonspecific pulmonary nodules measuring up to 0.3 cm are seen, for example in the rightupper lobe (5-35), apical segment of the right lower lobe (5-40), posterior basal segment of the right lower lobe (5-78) and in the left lower lobe (5-60). Patchy focal ground glass areas in the middle lobe and left lower lobe may represent postinflammatory changes. There is background centrilobular emphysema with upper lobe predominance. No pleural or pericardial effusion is seen. No enlarged mediastinal or hilar lymph node is seen. Small volume calcified right upper and lower paratracheal lymph nodes are present. The heart is normal in size. Cardiac chambers and mediastinal great vessels enhance normally. Incidental nonspecific subcentimetre hypodense nodules are seen in the left thyroid lobe. Atherosclerotic changesare seen in the thoracic aorta with small penetrating ulcers at the aortic arch and descending thoracic aorta. ABDOMEN AND PELVIS No suspicious solid hepatic lesion is seen. A few tiny hypodensities scattered in the right hepatic lobe are too small to characterise. A 1.1 x 0.9 cm nodule is seen arising from the medial limb of the left adrenal gland (HU ~35, 8-23). No right adrenal mass. A few tiny calcific densities are seen scattered in the spleen. The spleen is otherwise unremarkable. Uncomplicated cholelithiasis with no biliary dilatation. Focal cystic changes at the gallbladder fundus may be related to adenomyomatosis. The pancreas is unremarkable. A few well-defined hypodensities are seen in both kidneys. The largest in bilateral renal lower poles probably represent cysts, the rest are too small to characterise. No hydronephrosis is seen. The endometrial cavity is distended with fluid (HU ~30). No suspicious adnexal mass. The urinary bladder are unremarkable. Bowel loops are normal in calibre. The appendix is unremarkable. Uncomplicated D2 duodenal diverticulum. No enlarged intra-abdominal or pelvic lymph node. No intraperitoneal free fluid or gas. Atherosclerotic changes are noted in theabdominal aorta but it remains normal in calibre. No destructive bone lesion is seen. CONCLUSION In the right upper lobe, a solitary 1.2 cm enhancing spiculated nodule with central cavitation is suspicious for primary malignancy. Histological correlation is suggested. No enlarged mediastinal lymph node. A small left adrenal nodule cannot be characterised on this study and is possibly an incidental adenoma. No convincing CT evidence to suggest metastatic disease in the rest ofthe abdomen and pelvis. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: a2483f2979eb944f4b4feb2586a4636ccd1edef7c4745c3a803be7090f906fb3

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