# Row 12184

Visit Number: 90e3430c9aad3db7277e885fcfd43e84c3bffa3388e2b823b4102599630c5da5

Masked\_PatientID: 12177

Order ID: 10413e661764bb41eb57f8293d5115261449fd66f14ef2ed1399d45654160fc3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/9/2019 13:20

Line Num: 1

Text: HISTORY Weight loss TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The CT thorax dated 23 June 2015 and CT urogram dated 2 April 2015 were reviewed. There is a lobulated area of mass like consolidation epicentred in the lingula with bulging of the left oblique fissure and attenuation the distal bronchi. The margins are difficult to separate from the adjacent atelectatic lung but measures about 7.5 cm in longest dimension. It is suspicious for a primary lung malignancy. There are multiple prominent and borderline enlarged left hilar and mediastinal nodes including 1 cm prevascular node (402-47). Prominent right supraclavicular nodes are indeterminate. There are bilateral moderate sized pleural effusions with associated atelectasis. Tiny calcified granuloma present in the collapsed right lower lobe. There is mild loculation of fluid seen in the right horizontal and the fissures. The heartis enlarged with severe dilatation of the atria. No overt pericardial effusion. Stable tiny subcapsular hypodensity in segment VIII of the liver is nonspecific. The hepatic and portal veins are patent. The spleen, pancreas and adrenal glands are unremarkable. Gallbladder is compartmentalised with small calculi within. The biliary tree is not dilated. There is focal scarring in both kidneys. Multiple subcentimetre hypodensities in both kidneys are too small to characterise. There is no hydronephrosis. Urinary bladder is poorly distended. Prostate gland is mildly enlarged. The bowel loops are not dilated; evaluation limited by paucity of intra-abdominal fat. There are a few uncomplicated colonic diverticula in the right hemicolon. There is no enlarged abdominal or pelvic lymph node. Small amount of ascites in the pelvis is nonspecific. Mottled appearance of the posterior right sixth rib and mild cortical discontinuity suspicious for a pathological fracture (401-50). CONCLUSION There is now a fairly large mass centred in the lingula which is suspicious for a primary lung malignancy. There is probable contralateral mediastinal adenopathy. Pathological fracture of posterior right sixth rib. Indeterminate prominent right supraclavicular nodes. Cardiomegaly with severely dilated atria and bilateral effusions Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 7d1032f5ba06fabcdc56e9b75f454eda3119ad4cd92000f8e870ef9b8e5fa3b5

Updated Date Time: 28/9/2019 15:20