# Row 12309

Visit Number: 5ace0bcafdf9554a504821b3999abda05380fd096b5fdfad20e278ea16b39558

Masked\_PatientID: 12306

Order ID: 4464e965d33184f12523d1379533bf613ed0902e17b3604d7ef92f2e76f65120

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/12/2015 18:16

Line Num: 1

Text: HISTORY b/g metastatic prostate Ca with extensive bone mets, currently has sinus tachycardia, hypoxia, TRO PE. Also for CT AP to restage disease. TECHNIQUE Scans acquired as per department protocol, including a pulmonary embolism thoracic scan. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 The prior study of 5 October 2015 was reviewed. FINDINGS There is no evidence of acute pulmonary embolism. No right heart strain. There is evidence of left ventricularhypertrophy. No pericardial effusion. The airway is patent. The middle lobe nodule is larger, now measuring 5 mm (series seven, image 58 vs se4, im73). The upper lobe nodule (previous series four, image 60), now appears as a linear subpleuraldensity (se8, im 59). Stable non-specific 4mm subpleural nodule in the left upper lobe (series seven, im 35). There is new area of right oblique fissural thickening associated with adjacent ground-glass changes/consolidation in the posterior segment right upper lobe (series seven, image 30). Non-specific areas of subpleural ground glass opacities are noted e.g. in the left upper (se 7, images 22, 29) and right upper (medial) (se7, im22). There are focal area of pleural thickening with adjacent atelectasis in the middle and left lower lobes. There are new bilateral small pleural effusions with adjacent compressive and dependent changes in the lower lobes. There is no enlarged mediastinal, hilar, axillary or supraclavicular lymph node. There is interval increase in size of hepatic hypodensities, representing known metastases, for example in segment five from 25 x 19 mm to 36 x 27 mm (se9, im58) and segment 7/8 from 46 x 41 mm to 52 x 47 mm (se9, im29). Thereare also new hypodensities in segments 3 measuring 16 x 8mm and subcentimeter ones in segments 4 and 5, compatible with metastases. There is marginal increase in the transverse diameter of the hepatic segment 3 metastasis (se9, im47). The hepatic and portal veins are patent. The gallbladder, biliary tree, pancreas, adrenal glands and spleen are normal. There is a splenunculus. There is a stable cyst in the midpole of the right kidney and a stable left parapelvic cyst. No hydronephrosis or hydroureter. There is no urinary tract calculus or perinephric fat stranding. No bowel dilatation or free extraluminal gas. No ascites. No enlarged intra-abdominal or pelvic lymph node. The urinary bladder is contracted and not wellevaluated. The prostate gland and seminal vesicles are grossly unremarkable. There are multiple lytic/sclerotic lesions in the axial skeleton and ribs compatible with osseous metastases. There is new compression fracture of T12 vertebra withheight reduction that is more significant to its right side. There is mild interval reduction of the soft tissue component of the osseous metastasis in the left 4th costovertebral junction and ribs for example in the posterior left T8 and posterior right T10, with increased sclerosis, likely from post-treatment flare response. The epidural component within the T4 spinal canal and soft tissue in the exit foramen of left T7-T8 are stable. CONCLUSION 1. No evidence of acute pulmonary embolism in the current scan. 2. Since 20 October 2015 scan: - There is interval increase in size and numbers of hepatic metastases. - The middle lobe nodule is larger and is suspicious for metastasis. - New area of consolidation/ground glass changes in the right upper and non-specific scattered subpleural ground glass changes that are non-specific. - Bilateral pleural effusions. - New compression fracture of T12 - Extensive axial and rib osseous metastases, as detailed. Those in the ribs show interval post-treatment flare response. The soft tissues within the T4 spinal canal and neural exit foramina of left T7-T8 appear stable. May need further action Md Taufik B Md Shah , Senior Resident , 13916E Finalised by: <DOCTOR>

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