# Row 12326

Visit Number: 480dd971c6228521a5a69812d5e28ab00741d5854cc775b8d8ad568671f3496c

Masked\_PatientID: 12323

Order ID: 59d11e6d778f01174be8a45946f145cf74cf1076d17217ef86fda2a6b71adc5a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/4/2017 15:51

Line Num: 1

Text: HISTORY Metastatic Thymic Carcinoma PD in Oct 2016 after #6 CAP PD Feb 17 after 4# carbo/taxol in phase I trial (KPT-330). started 13/3/17 TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison was made with the CT scan of February 21, 2017. CHEST The large heterogeneous necrotic anterior mediastinal mass with calcifications consistent with known thymic carcinoma appears grossly stable in size measuring approximately 6.2 x 11.4 x 5.4 cm (CC x Width x AP). There is loss of fat plane with the main pulmonary artery. There is a left subclavian vein is not opacified. The left hilar lymphadenopathy measures 1.3 cm in short axis. Subcarinal lymph nodes measures 1.1 cm in short axis. Moderate amount of pericardial effusion shows interval progression. Consolidation in the basal segment of left lower lobe is new. Bilateral small amount of pleural effusions are noted with adjacent atelectasis. Small calcified granulomas noted in the collapsed right lower lobe. The cavitating nodule in the left upper lobe is stable measuring 18 x 12 mm. The tiny subcentimetre subpleural nodules in bilateral upper lobes and in the left lower lobe are grossly stable. The mediastinal vessels opacify normally. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size. ABDOMEN ANDPELVIS There is significant interval progression in size and number of the hypodensities in both lobes of the liver suspicious for metastases. Tiny 2 mm soft tissue density in the dependent aspect of the urinary bladder is non-specific (Im 7/129). The gallbladder, spleen, pancreas appear unremarkable. The left adrenal gland is mildly bulky as before. No discrete nodule identified in current study. Right adrenal gland is unremarkable. Prostate is enlarged. No bowel wall thickening or dilatation. Few small volume portacaval and aortocaval lymph nodes are stable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal air. Moderate amount of ascites is new. The bones appear mildly sclerotic. However no focal destructive osseous lesion noted. CONCLUSION Since the previous CT done on 24 February 2017: - Large anterior mediastinal mass is grossly stable. - Subcarinal and left hilar lymphadenopathy are stable. - Cavitating pulmonary nodule in the left upper lobe is stable. - Tiny subpleural nodules in both lungs are stable. - Bilateral small amount of pleural effusions are new. - The consolidation in the left lower lobe may be due to infective aetiology. - Moderate pericardial effusion shows interval progression. - Interval progression of liver metastases. - Moderate ascites is new. Tiny density in the dependent aspect of the urinary bladder is non-specific. May need further action Finalised by: <DOCTOR>

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