# Row 12323

Visit Number: 7126c91204bc3d6f6def7f953e339a48472d0b461ea3b3a2c665688469e2fbc1

Masked\_PatientID: 12323

Order ID: f93ad2023ec5097ccffe9dcc62c574193fe137b6bb1d531473da1d83a8438e0a

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/12/2015 15:11

Line Num: 1

Text: HISTORY PND for 3 months. 2DE shows large anterior MS mass. CXR: left soft tissue mass. TRO malignancy ? lymphoma ? thymoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Recent chest x-ray dated 8 December 2015 was reviewed. CHEST There is a large, lobulated soft tissue mass measuring 7.9 x 9.2 x 6.7 cm within the superior mediastinum (im 402-42, 405-61). The mass displays heterogeneous attenuation and enhancement, with hypodense area suggestive for tumour necrosis. Few coarse calcifications are seen internally. The mass abuts the pulmonary trunk and extends towards the aortic arch. Anteriorly the mass abuts the chest wall. There isa 1.9 x 2.0 cm oblong shaped nodule with mild spiculation detected in the left upper lobe periphery and extending along the major fissure (im 405-35), suspicious for a pleura based metastatic deposit. There are multiple nodular pleural thickeningand pleural nodules detected in the left hemithorax, with some demonstrating enhancement (for example im 402-67, 402-87), suspicious for multiple pleura based metastases. Another 0.2 mm perifissural nodule in the left major fissure (im 401-67) is also suspicious. There are enlarged left internal mammary node measuring up to 1.0 cm (im 402-30) and enlarged prevascular lymph nodes. Few small volume hilar lymph nodes detected. The lymph nodes are highly suspicious for nodal disease. The heart and great vessels are otherwise of normal calibre. There is a small pericardial effusion detected. The trachea and major airways remain patent. No destructive bone lesion is seen. ABDOMEN AND PELVIS The liver is of normal attenuation and size. Few subcentimetre hypodensities in the right hemi liver are too small to characterise, but remains indeterminate. No biliary tree dilatation is detected. Gallbladder, spleen, pancreas and adrenals are unremarkable. Bilateral subcentimetre renal hypodensities are probably cysts. No hydroureteronephrosis is detected. Mild bilateral perinephric fatty stranding are non-specific. The urinary bladder and prostate are unremarkable. No abnormal bowel wall thickening or dilatation is detected. No enlarged retroperitoneal lymph node is detected. No ascites or intraperitoneal free air is seen. No destructive bone lesion is seen. CONCLUSION The large superior mediastinal mass associated with multiple mediastinal lymph nodes, left hemithorax pleural/pulmonary nodules as described is suspicious for malignancy. Main differentials include thymic carcinoma or invasive thymoma with metastases. Histopathological correlation is advised. Images were reviewed with Dr Lionel Cheng. May need further action Reported by: <DOCTOR>

Accession Number: 8a217ea578e29d16d026d4ff306a1bd70d2e9e1d17ceee2d253b03e4bcc0013c

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