# Row 12635

Visit Number: 4a2b967d1fdb3777b17b195781e8e93dd70d889e8166d8b6319fc6c2da85b51d

Masked\_PatientID: 12630

Order ID: ee1c1142f9b8d8e744a44fd56b96d9bd28c03e063ddecd162bf92e95b5accfeb

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/4/2015 12:49

Line Num: 1

Text: HISTORY mets liposarcoma with right lung UL mass. Recurret right lung collapse (both UL and LL) and symptomatic despite of regular chest physio. TRO mass compression which may benefit from early stenting TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT examination dated 16/03/2015. Large right upper lobe mass is again identified with a more solid component in the apex and large hypodense component inferior to this with attenuation ranging up to 30 HU. Overall on the axial images it measures 11 x 8.3 cm (4/37), largely changed in size on equivalent sections. However, there is evidence of new nodular soft tissue extension of the tumour measuring about 17 x 13 mm in to the airway which is causing near total occlusion of the right main and intermediate bronchi. A short segment of the intermediate bronchus distal to the mass is currently patent. Thereare low attenuation filling defects which may represent mucus plugging within the middle lobe and right lower lobe bronchi with secondary collapse of the middle and lower lobes although the posterior and lateral basal segments remain partly aerated. Associated volume loss of the right hemithorax is noted. The right upper lobe pulmonary artery is involved by the mass and middle lobe branch is attenuated. There is small right pleural effusion with interval increase since the prior study. Fluid is seen extending into the oblique fissure. There is mild interval increase in size of the right superior paratracheal node from 11 x 8 mm to 13 x 9 mm (4/28). Small volume bilateral subcentimetre supraclavicular lymph nodes arelargely unchanged. Postsurgical changes are again noted in the right axilla. No soft tissue mass or significant enlarged lymph nodes in the axillae. Heart size is mildly enlarged. No pericardial or left pleural effusion is seen. Prior VATS resection is noted in the left lower lobe. Multiple pulmonary nodules in the left lung shows mild interval increase in size for example the largest lesion in the lingula has increased from 19 x 16 mm to 22 x 19 mm (5/68). In the visualised upper abdomen, the hypodense lesion in segment 5/8 of the liver is noted to be stable. The left adrenal nodule has increased in size from 25 x 22 mm to 32 x 32 mm. No destructive bony lesion is seen. CONCLUSION The overall size of the mixed density right upper lobe bilobed mass is largely stable compared with the scan of 16/03/2015. However, there is new nodular tumour extension into the right main and intermediate bronchus causing near total occlusion. Distal to this endobronchial mass, a short segment of the intermediate bronchus remains patent. Low attenuation filling defects within the bronchi of the middle and right lower lobes may represent mucus material. Mild interval increase in size of metastatic leftpulmonary nodules. Small right pleural effusion with interval increase in volume. Mild interval increase in size of right superior paratracheal node. Further action or early intervention required Finalised by: <DOCTOR>

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