# Row 12883

Visit Number: 2c2a7b01d84fbed46a9ea95415f93274c20f52f80b70c2a8476082278638172f

Masked\_PatientID: 12876

Order ID: 30922fdb3ff22a5279442e4077f8bde13ff6213b037719b5f7a4f273f9264afb

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 30/11/2019 12:34

Line Num: 1

Text: HISTORY 69y/F with metastatic Right RCC on pembrolizumab - SOD: lungs, ?spleen For restaging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast FINDINGS Comparison is made with theprior examination of 12 September 2019. Thorax The large extra pulmonary mass in the para vertebral location continues to increase in size and has a maximal dimension of 5.3 cm on the current study. There is also evidence of cortical invasionof the adjacent right ninth and tenth ribs (series 5, image 59). There is an increase in the size of a focal nodule at the posterobasal segment of the left lower lobe (0.9 cm) (series 3, image 23), (series 2, image 78) suspicious for a metastatic pleural nodule. Hyperdense pleural thickening in the lower zones over the right hemidiaphragm is stable (please correlate for a history of pleurodesis ). The focal nodular areas in the right upper lobe measuring a few mm in size (series 5,image 41) is stable and mild adjacent fissural thickening described on the prior examination appears less prominent. No enlarged mediastinal lymph nodes are detected. Abdomen and pelvis The liver has a smooth outline with no focal suspiciouslesions. The gallbladder appears unremarkable. The spleen is prominent but unremarkable on this unenhanced study. The right renal bed shows no focal suspicious mass and surgical clips are present in the right para-aortic region. The left kidney shows no focal suspicious mass and no stone or or hydronephrosis is detected. The urinary bladder appears unremarkable. The uterus is atrophic and no adnexal mass is seen. The bowel loops show no suspicious thickening or dilatation. CONCLUSION The large pleural based mass in the right lung shows an increase in size since the prior study compatible with disease progression. A new pleural nodule suspicious for a metastasis is also seen in the right lower zone adjacent to the posterobasal segment of the right lower lobe. The spleen is similar in size to the prior examination. The lack of intravenous contrast would preclude a satisfactory assessment. No other evidence of recurrence is seen in the abdomen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 78c314b45288d0b5f6aeeb2ef14c0226900aa734acf9be66f96ea05c676e4a87

Updated Date Time: 30/11/2019 13:30