# Row 12923

Visit Number: d0f5d8f64ac0c1d5d9e77cd8dc3b2f25a3c8362a0349b010f53cd4fbac34ea74

Masked\_PatientID: 12922

Order ID: e7c56bc944a519bdc5e30d02af8097f643e7ff7feac4225c1b6ca49c6c7d75ee

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/5/2017 14:21

Line Num: 1

Text: HISTORY pneumonia, renal punch + in right side, CXR shows patch, heavy smoker, LOA x 3months, LOW ?5kg over 1 month TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 Positive Rectal Contrast - Volume (ml): FINDINGS Thorax There is a large mass at the right hilum measuring approximately 5.8 cm involving the bronchus intermedius causing occlusion of the middle and lower lobe bronchus. Ill-defined opacities are present at the periphery of the middle lobe and also at the right lower lobe. Mucous inspissation of the the middle lobe and lower lobe airways is present. The tumour mass is contiguous with the markedly enlarged lymph node mass in the subcarinal region. Both the upper and lower pulmonary veins are compressed. Distortion of the left atrium by the large subcarinal mass is present. There is prominent right paratracheal lymph nodes with an enlarged aorto pulmonary window lymph node measuring 2 x 1.5 cm. Calcified lymph node adjacent to the ascending aorta is presumably from previous granulomatous disease. There is a small right pleural effusion. Ovoid soft tissue is identified in the right para vertebral pleura adjacent to the T9 vertebral body, suspicious for pleural spread of disease. No focal suspicious lesion is seen within the left lung. Old infarction at the apex of the left ventricle is present accounting for calcification. Intra are ventricular low density at the left ventricular apex would suggest the presence of thrombus. This is likely longstanding. Abdomen and pelvis. The liver has a smooth outline and shows mild prominence of the intrahepatic ducts. The gallbladder is contracted and contains gallstones. The common duct measures 8 mm. The pancreas spleen appears unremarkable. There are multiple small volume para-aortic lymph nodes in the upper abdomen extending to the infrarenal aorta. These lymph nodes do notappear pathologically enlarged based on the size criteria. Calcified aortocaval lymph node is present (series seven image 47). These changes may be related to previous granulomatous disease. Both kidneys are seen to enhance in a normal symmetrical manner and no focal renal abnormality is seen. The bowel shows no suspicious thickening or dilatation. The prostate contains calcification. The urinary bladder is contracted. No destructive bony lesions are identified. CONCLUSION There is a large mass in the right hilum compatible with a bronchogenic carcinoma involving the bronchus intermedius, middle and lower lobe bronchus. markedly enlarged subcarinal lymph nodes indenting the left atrium and compressing the pulmonary veins are present. Enlarged contralateral lymph nodes are identified (aorto pulmonary window). No overt evidence of intra abdominal metastases. There is evidence of previous granulomatous disease. There is evidence of previous infarction of the apex of the left ventricle with thrombus formation within the lumen of the ventricle. May need further action Finalised by: <DOCTOR>

Accession Number: 8084036f1f300c53a470bd0ecaedbb733f25fd803a86735678b572b8c4de58e9

Updated Date Time: 18/5/2017 15:07