# Row 13144

Visit Number: a570bb4573938f3a11866f46b10e27390d0ef965f19c8ebb20077583ee371e31

Masked\_PatientID: 13144

Order ID: 32ef25306dd8820d68ec77cf4d7b1da365c4713d088dd88b68cd0f15599c4be2

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/5/2016 12:34

Line Num: 1

Text: HISTORY newly Dx ademo Ca lung with mets to L1 P/W ? CAP TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No prior CT imaging available for comparison. Thorax: There is a lobulated mass in the posterior segment of the left upper lobe extending up to the left superior hilum approximately measuring 6.6 x 6 x 5.8 cm in keeping with known primary lung malignancy. Patchy adjacent nodular changes and ground-glass opacifications are noted in the left lobe. Mild adjacent thickening indicates lymphangitic spread. There is extensive contact with the mediastinal pleura with suspicion of localised infiltration just superior to the left pulmonary artery (image 4-42). It encases and compresses the left upper lobe and apico-posterior segmental bronchi which are still patent. There are confluent enlarged nodes in the left hilum encasing and compressing the left lower lobe and lingular pulmonary arterial branches. The left upper lobe pulmonary artery is also severely narrowed by the left upper lobe mass. There is a moderate sized left pleural effusion with passive subsegmental atelectasis of the left lower lobe. There are numerous pulmonary nodules of varying sizes bilaterally, the largest measuring up to 8 mm in the left lower lobe (image 5-77) consistent with metastases. Multiple subpleural and perifissural nodules are also noted bilaterally. Sliver of pericardial and right pleural effusions are noted. There are mildly enlarged left supraclavicular nodes measuring up to 1.2 cm in short axis as well less prevascular, left paratracheal, subcarinal and right hilar nodes with the largest in the right hilum measuring 1.3 cm in short axis. Abdomen and pelvis: There is an ill-defined 2.2 cm hypodense lesion in segment VI compatible with metastasis. Multiple smaller fairly well-defined hypodense lesions in both lobes are too small to characterise although some of the larger ones have the appearance of cysts. There were multiple renal cysts, the largest measuring 6.3 cm on the right lower pole. Several smaller hypodensities in the kidneys are too small to characterise. No evidence of adrenal metastasis. No radiopaque gallstone or biliary dilatation seen. The portal and splenic veins are patent. The pancreas and spleen are unremarkable. No significantly enlarged abdominal or pelvic node. No ascites. There are uncomplicated colonic diverticula in the sigmoid region. The urinary bladder is unremarkable. The prostate is not enlarged. Bones: There are multiple lytic bony lesions involving several bilateral ribs, right upper lobe, vertebrae and bilateral iliac bones. Secondary moderate wedge compression of L and L3 vertebrae are seen. Of note the soft tissue component of the vertebral metastases is seen to encroach the spinal canal and compress the thecal sac more so at the L3 level (images 6-31 and 51). CONCLUSION 1. Left upper lobe lobulated pulmonary mass lesion in keeping with known primary lung malignancy. There is evidence of mediastinal invasion in the left suprahilar region. The primary mass and left hilar nodal masses compress the left pulmonary arteries and left upper lobe bronchus. 2. Moderate left pleural effusion. Sliver of pericardial and right pleural effusions. 3. Multiple enlarged mediastinal and left supraclavicular nodes are suspicious for metastases. 4. Numerous pulmonary nodules bilaterally are in keeping with metastasis. 5. Ill-defined segment VI liver lesion is compatible with metastasis. 6. Extensive lytic bony lesions involving multiple ribs, right scapula, multiple vertebrae and both iliac wings. Moderate wedge compression of L1 and L3 vertebrae with soft tissue component encroaching and compressing the thecal sac, slightly worse at L3 level. Suggest further correlation with neurological symptoms and signs. Further action or early intervention required Finalised by: <DOCTOR>

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