# Row 13537

Visit Number: 9f0b8c501e0e0df0dd17c457d0c124686c2ad6539ffc06abe7a0aecc1309138e

Masked\_PatientID: 13536

Order ID: 571830ff6011e7fc5e6830a84152b92f5e08d0075fb038379727b8bff33d9629

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/9/2017 16:23

Line Num: 1

Text: HISTORY large 13cm multilocular solid mass arising from Left ovary - ? ovarian CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 Positive Rectal Contrast - Volume (ml): FINDINGS There are no previous studies for comparison. Abdomen and pelvis. There is a large suprapubic mass, measuring 14 x 10.9 x 13.3 cm, which appears to be contiguous with the left adnexa. This mass is essentially cystic with a mural 3.5 cm nodule at the left anterior aspect. There is also evidence of septation within this mass best detected on the coronal views. an there are no previous scans for comparison. The uterus contains a 4.7 cm low density lesion which is presumed to represent a fibroid. The right adnexa contains a 1 cm cyst presumably at the right ovary. No free fluid is seen within the abdomen. The liver has a smooth outline and no focal suspicious hepatic parenchymal lesion is seen. The gallbladder appears unremarkable. No dilatation of the bile ducts is seen. The pancreas spleen and the adrenals are unremarkable. Both kidneys are seen to enhance in a normal manner. Thorax Irregular soft tissue mass measuring 4.0 x 2.8 cm ispresent in the left upper lobe. Mucoid bronchograms are present within the opacity and some loss of volume is present in the left upper zone. The hilar nodes are not enlarged and there is no enlargement of the mediastinal lymph nodes. Small volume lymph nodes are seen adjacent to the aortic arch. There is some atelectasis at the posterobasal segment of the left lower lobe and a calcified granuloma is present. No destructive bony lesion is seen. CONCLUSION Large cystic tumour with eccentric mural nodularity is highly suspicious for a ovarian malignancy. No evidence of peritoneal dissemination is demonstrated. There is an incidental left upper lobe pulmonary soft tissue mass lesion that would raise the possibility of a concomitant left upper lobe pathology. The extent of the solid component would raise the possibility of a upper lobe tumour mass. An inflammatory aetiology is not entirely excluded, given that there is also evidence of previous granulomatous disease. Clinical correlation with previous history of granulomatous disease would be useful. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 9bb77d81f1326eea6259e56ea26f7220df5e2ac0322b14363f47ee87598e933e

Updated Date Time: 25/9/2017 15:10