# Row 2108

Visit Number: 1f1f753f5309e52c4f0d7df564ddcd8c9c8456a5292667fd8729f50a263c582e

Masked\_PatientID: 2107

Order ID: 66ff03434d0942ab159c344345d13c99e77005148312cb3dc333638952169022

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/11/2019 14:20

Line Num: 1

Text: HISTORY right lung lower zone consolidation - presents with 8 das of SOBm LOW (unable to quantify) - no fever, cough, hemoptysis, coryzal symptoms - heavy smoker 120 pack years TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with previous chest radiographs. There is a large pulmonary mass lesion in the middle lobe approximately measuring 8 x 4.6-cm (6-60, 7-40). At the medial aspect, the massis contiguous with peribronchial soft tissue thickening which narrows the middle lobe bronchi. Contiguous enlarged right hilar, interlobar and right lower lobar nodes are present. Diffuse peribronchial thickening as well as septal thickening inthe right upper lobe, middle lobe and medial basal segment of the right lower lobar are suggestive of lymphangitis carcinomatosis. Bulky mediastinal lymphadenopathy involving most stations, the larger nodes are present in the subcarinal regionapproximately measuring 5.4 x 4 cm and in the right lower paratracheal location approximately measuring 3.8 x 5 cm. There is mass effect of these lymph nodes with mild compression of the SVC and compression of bilateral pulmonary arteries with anterior displacement of the right pulmonary artery. There are enlarged right supraclavicular nodes measuring up to 1.3 cm in short axis (5-11). Moderate sized pericardial effusion is present. The heart is not enlarged. No pleural effusion detected. Background mild centrilobular emphysematous changes are noted in the upper lobes. Mild peribronchial as well as some septal thickening in the left upper lobe in the perihilar region raise possibility of early lymphangitis. No discrete adrenal mass detected. A small ill-defined hypodensity in segment 4 of the liver is indeterminate (5-104). A few renal cysts are present bilaterally measuring up to 3 cm in the right upper pole. A tiny partially imaged hyperdense focus at the right interpolar region may represent hyperdense cyst (5-121). No focal destructive bony lesion is detected. CONCLUSION The large pulmonary mass in the middle lobe is suspicious for primary lung malignancy. Extensive bilateral interlobar, hilar, mediastinal and right supraclavicular lymphadenopathy are in keeping with metastatic adenopathy. Mass effect of the lymph nodes with mild compression of the SVC and bilateral pulmonary arteries noted. Moderate pericardial effusion is also seen. Extensive peribronchial soft tissue thickening as well as septal thickening in the right lung as well as to a lesser extent in the left upper lobe are suspicious for lymphangitis carcinomatosis. Mild background centrilobular emphysema. Thesmall subcentimetre hypodense lesion in segment 4 of the liver is indeterminate. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 71b45b144561780f901317fcf816c9633596364564766d27d29ef8470a74cf79

Updated Date Time: 15/11/2019 15:38

## Layman Explanation

This radiology report discusses HISTORY right lung lower zone consolidation - presents with 8 das of SOBm LOW (unable to quantify) - no fever, cough, hemoptysis, coryzal symptoms - heavy smoker 120 pack years TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with previous chest radiographs. There is a large pulmonary mass lesion in the middle lobe approximately measuring 8 x 4.6-cm (6-60, 7-40). At the medial aspect, the massis contiguous with peribronchial soft tissue thickening which narrows the middle lobe bronchi. Contiguous enlarged right hilar, interlobar and right lower lobar nodes are present. Diffuse peribronchial thickening as well as septal thickening inthe right upper lobe, middle lobe and medial basal segment of the right lower lobar are suggestive of lymphangitis carcinomatosis. Bulky mediastinal lymphadenopathy involving most stations, the larger nodes are present in the subcarinal regionapproximately measuring 5.4 x 4 cm and in the right lower paratracheal location approximately measuring 3.8 x 5 cm. There is mass effect of these lymph nodes with mild compression of the SVC and compression of bilateral pulmonary arteries with anterior displacement of the right pulmonary artery. There are enlarged right supraclavicular nodes measuring up to 1.3 cm in short axis (5-11). Moderate sized pericardial effusion is present. The heart is not enlarged. No pleural effusion detected. Background mild centrilobular emphysematous changes are noted in the upper lobes. Mild peribronchial as well as some septal thickening in the left upper lobe in the perihilar region raise possibility of early lymphangitis. No discrete adrenal mass detected. A small ill-defined hypodensity in segment 4 of the liver is indeterminate (5-104). A few renal cysts are present bilaterally measuring up to 3 cm in the right upper pole. A tiny partially imaged hyperdense focus at the right interpolar region may represent hyperdense cyst (5-121). No focal destructive bony lesion is detected. CONCLUSION The large pulmonary mass in the middle lobe is suspicious for primary lung malignancy. Extensive bilateral interlobar, hilar, mediastinal and right supraclavicular lymphadenopathy are in keeping with metastatic adenopathy. Mass effect of the lymph nodes with mild compression of the SVC and bilateral pulmonary arteries noted. Moderate pericardial effusion is also seen. Extensive peribronchial soft tissue thickening as well as septal thickening in the right lung as well as to a lesser extent in the left upper lobe are suspicious for lymphangitis carcinomatosis. Mild background centrilobular emphysema. Thesmall subcentimetre hypodense lesion in segment 4 of the liver is indeterminate. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.