# Row 2861

Visit Number: c9a9a9642533d11acf672cdf5b78c43bda755f8f4f50a89646f8d61f6021abaf

Masked\_PatientID: 2856

Order ID: 14adadbcfd65f8a2e84bc83b01af4057982a2286fe249033f6606a97663837b9

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/8/2019 14:43

Line Num: 1

Text: HISTORY known brain mets. metastatic NSCLC, to look for progression. staging. presents with shortness of breath and worsening SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Comparison made with the CT of 17/6/19 (National Cancer Centre). THORAX The primary right upper lobe mass is mildly larger, now 2.7 cm versus 2.4 cm previously (Se 402-24 vs prior 5-42). The adjacent contiguous metastatic nodule is also larger, now 3.5 cm versus 3.1 cm previously (Se 402-28 vs prior 5-47). Several new subcentimeter nodules identified in the left lower lobe, the largest two measuring 6 mm in the anterior basal segment (Se 401-61) and along the left obliquefissure (401-31). There is increased right sided pleural thickening and fissural nodularity, compatible with pleural metastases. There is a new small right pleural effusion with a loculated component along the right oblique fissure. Plate atelectasis of the right lower lobe noted. Prior right pleurodesis noted. There is significant progression of known right supraclavicular, paratracheal, right hilar, subcarinal and prevascular lymphadenopathy. Conglomerate right upper paratracheal lymph nodes now measure 4.7 x 4.1 cm compared to 3.6 x 2.9 cm previously (402-20 vs prior 5-35), with increased displacement of and new mild compression of the trachea. Right hilar lymphadenopathy now measures 1.6 cm short axis compared to 1.1 cm previously (402-37 vs prior 5-58), with new mild compression of the right upper lobe pulmonary artery. The mediastinal vasculature opacifies normally. The heart size is normal. No pericardial effusion is seen. Previous left breast surgery noted. ABDOMEN AND PELVIS There are several new ill-defined hypodense lesions in the liver, measuring up to 1 cm in segment 4A ((Se 501-9), suspicious for metastases. Other scattered small hepatic hypodensities are too small to characterize but appear stable. The gallbladder, biliary tree, spleen, pancreas and left adrenal gland appear grossly unremarkable. There is stable 1 cm fatty nodule in the right adrenal gland (501-34, compatible with a myelolipoma. A few stable hypodensities in both kidneys are likely cysts. No hydronephrosis is detected. The urinary bladder is under-distended. The uterus is not visualized. There are prominent, gas-distended large bowel loops with no gross obstructing mass seen. No pneumoperitoneum or ascites is detected. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Multiple sclerotic lesions seen in the bones, many of which appear more prominent when compared to the prior scan. These may represent either progressing metastases or response to treatment. CONCLUSION Since 17 June 2019: 1. Interval enlargement of the primary right upper lobe mass, with progression of right lung metastases and development of new left lung metastases. 2. Increased right-sided pleural thickening and nodularity, compatible with pleural metastases. New small right pleural effusion with a loculated component along the oblique fissure. 3. Significant progression of right supraclavicular, mediastinal and right hilar lymphadenopathy. Increased mass effect on the trachea and right upper lobe pulmonary artery. 4. New ill-defined hypodense hepatic lesions, suspicious for metastases. 5. Multiple sclerotic bone lesions, many appear more prominent since the prior scan. These may represent either progressing metastases or treatment response. 6. Prominent, gas-distended large bowel loops with no gross obstructing mass seen. No pneumoperitoneum or ascites detected. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 8cb6e5257a43301210270283ee0b7268633380d73c2365d980da6e8cee4d7946

Updated Date Time: 05/8/2019 17:04

## Layman Explanation

This radiology report discusses HISTORY known brain mets. metastatic NSCLC, to look for progression. staging. presents with shortness of breath and worsening SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Comparison made with the CT of 17/6/19 (National Cancer Centre). THORAX The primary right upper lobe mass is mildly larger, now 2.7 cm versus 2.4 cm previously (Se 402-24 vs prior 5-42). The adjacent contiguous metastatic nodule is also larger, now 3.5 cm versus 3.1 cm previously (Se 402-28 vs prior 5-47). Several new subcentimeter nodules identified in the left lower lobe, the largest two measuring 6 mm in the anterior basal segment (Se 401-61) and along the left obliquefissure (401-31). There is increased right sided pleural thickening and fissural nodularity, compatible with pleural metastases. There is a new small right pleural effusion with a loculated component along the right oblique fissure. Plate atelectasis of the right lower lobe noted. Prior right pleurodesis noted. There is significant progression of known right supraclavicular, paratracheal, right hilar, subcarinal and prevascular lymphadenopathy. Conglomerate right upper paratracheal lymph nodes now measure 4.7 x 4.1 cm compared to 3.6 x 2.9 cm previously (402-20 vs prior 5-35), with increased displacement of and new mild compression of the trachea. Right hilar lymphadenopathy now measures 1.6 cm short axis compared to 1.1 cm previously (402-37 vs prior 5-58), with new mild compression of the right upper lobe pulmonary artery. The mediastinal vasculature opacifies normally. The heart size is normal. No pericardial effusion is seen. Previous left breast surgery noted. ABDOMEN AND PELVIS There are several new ill-defined hypodense lesions in the liver, measuring up to 1 cm in segment 4A ((Se 501-9), suspicious for metastases. Other scattered small hepatic hypodensities are too small to characterize but appear stable. The gallbladder, biliary tree, spleen, pancreas and left adrenal gland appear grossly unremarkable. There is stable 1 cm fatty nodule in the right adrenal gland (501-34, compatible with a myelolipoma. A few stable hypodensities in both kidneys are likely cysts. No hydronephrosis is detected. The urinary bladder is under-distended. The uterus is not visualized. There are prominent, gas-distended large bowel loops with no gross obstructing mass seen. No pneumoperitoneum or ascites is detected. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Multiple sclerotic lesions seen in the bones, many of which appear more prominent when compared to the prior scan. These may represent either progressing metastases or response to treatment. CONCLUSION Since 17 June 2019: 1. Interval enlargement of the primary right upper lobe mass, with progression of right lung metastases and development of new left lung metastases. 2. Increased right-sided pleural thickening and nodularity, compatible with pleural metastases. New small right pleural effusion with a loculated component along the oblique fissure. 3. Significant progression of right supraclavicular, mediastinal and right hilar lymphadenopathy. Increased mass effect on the trachea and right upper lobe pulmonary artery. 4. New ill-defined hypodense hepatic lesions, suspicious for metastases. 5. Multiple sclerotic bone lesions, many appear more prominent since the prior scan. These may represent either progressing metastases or treatment response. 6. Prominent, gas-distended large bowel loops with no gross obstructing mass seen. No pneumoperitoneum or ascites detected. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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