# Row 2920

Visit Number: 307cf79cd4d6b1b8436f2930d3c2602c8dc2a96181404201d70e49544bf4b710

Masked\_PatientID: 2914

Order ID: ea3f29e6f2a679f0a5ce177057ffdda0dda588d29fc59829115b3aff7e049bd3

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/10/2019 12:21

Line Num: 1

Text: HISTORY restaging CT bkgd lung ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Comparison is made with prior CT chest, abdomen and pelvis of 30 April 2019. Prior left lower lobe wedge resection (2011) and middle lobectomy with nodal dissection (2014). New patchy ground-glass changes are seen in the basal segments of both lower lobes. A cluster of centrilobular nodularity is also seen in the posterior basal segment of the right lower lobe (6-74). New foci of peribronchial consolidation are seen in the left lower lobe (6-66, 11-21). These are probably infective/inflammatory given the above findings. Stable right upper lobe paramediastinal soft tissue thickening is noted. Stable left pleural thickening and effusion is noted. No right pleural effusion is seen. The central airways are patent. The thyroid gland is not visualised, presumably resected. The heart size is normal. Coronary artery calcifications are noted. No pericardial effusion is seen. No thoracic adenopathy is detected. Stable subcentimetre hypodensity in the right lobe of the liver remains too small to accurately characterise but nonspecific. No newsuspicious hepatic lesion is identified. No biliary ductal dilatation. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. Bilateral renal cysts, largest in the interpolar region of the left kidney measuring 3.6 cm. Stable nonspecific renal cortical hypodensities remain too small to accurately characterise. There is mild cortical scarring at the right lower pole. No hydronephrosis is detected. The urinary bladder is not adequately distended for assessment. The prostate is not enlarged and contains non-specific calcifications. The bowel loops are not dilated. No ascites is seen. No abdominal or pelvic adenopathy is detected. C7 bony metastases shows increased erosion on the left (5/14, 11/49 ), with extraosseous soft tissue component which extends to the spinal canal, causing narrowing of the left lateral recess. Stable expanded lesions (probably metastases) seen in the right scapula. Multiple predominantly sclerotic metastases are noted throughout the axial and appendicular skeleton. Stable L4 mild pathological compression fracture is noted. CONCLUSION Since 30 April 2019, 1. Prior left lower lobe wedge resection and middle lobectomy. Patchy ground glass opacities in both lungs, predominantly in the basal segments of the both lower lobes along with peribronchial consolidation in the left lower lobe, are probably infective/inflammatory. Nonetheless, attention on follow up studies would be prudent. 2.C7 bony metastases show increased bony destruction on the left. The extraosseous soft tissue component extends to the spinal canal, causing narrowing of the left lateral recess. The other multiple bony metastases are largely stable. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 86d0e71bba963e0eadff695ac0a1e54c3e5c9697b960edaed41b4f04ca36fbfb

Updated Date Time: 07/10/2019 16:41

## Layman Explanation

This radiology report discusses HISTORY restaging CT bkgd lung ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 65 FINDINGS Comparison is made with prior CT chest, abdomen and pelvis of 30 April 2019. Prior left lower lobe wedge resection (2011) and middle lobectomy with nodal dissection (2014). New patchy ground-glass changes are seen in the basal segments of both lower lobes. A cluster of centrilobular nodularity is also seen in the posterior basal segment of the right lower lobe (6-74). New foci of peribronchial consolidation are seen in the left lower lobe (6-66, 11-21). These are probably infective/inflammatory given the above findings. Stable right upper lobe paramediastinal soft tissue thickening is noted. Stable left pleural thickening and effusion is noted. No right pleural effusion is seen. The central airways are patent. The thyroid gland is not visualised, presumably resected. The heart size is normal. Coronary artery calcifications are noted. No pericardial effusion is seen. No thoracic adenopathy is detected. Stable subcentimetre hypodensity in the right lobe of the liver remains too small to accurately characterise but nonspecific. No newsuspicious hepatic lesion is identified. No biliary ductal dilatation. The gallbladder, spleen, pancreas and adrenal glands are unremarkable. Bilateral renal cysts, largest in the interpolar region of the left kidney measuring 3.6 cm. Stable nonspecific renal cortical hypodensities remain too small to accurately characterise. There is mild cortical scarring at the right lower pole. No hydronephrosis is detected. The urinary bladder is not adequately distended for assessment. The prostate is not enlarged and contains non-specific calcifications. The bowel loops are not dilated. No ascites is seen. No abdominal or pelvic adenopathy is detected. C7 bony metastases shows increased erosion on the left (5/14, 11/49 ), with extraosseous soft tissue component which extends to the spinal canal, causing narrowing of the left lateral recess. Stable expanded lesions (probably metastases) seen in the right scapula. Multiple predominantly sclerotic metastases are noted throughout the axial and appendicular skeleton. Stable L4 mild pathological compression fracture is noted. CONCLUSION Since 30 April 2019, 1. Prior left lower lobe wedge resection and middle lobectomy. Patchy ground glass opacities in both lungs, predominantly in the basal segments of the both lower lobes along with peribronchial consolidation in the left lower lobe, are probably infective/inflammatory. Nonetheless, attention on follow up studies would be prudent. 2.C7 bony metastases show increased bony destruction on the left. The extraosseous soft tissue component extends to the spinal canal, causing narrowing of the left lateral recess. The other multiple bony metastases are largely stable. 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.