# Row 3306

Visit Number: 0a7263b9ab2f7b20e58db07bc75b940fad74ecfc9ca09e01925dd1abb462bce1

Masked\_PatientID: 3306

Order ID: 815d2dae35c2f3630a9a8daaf5715386f7dc29babb9929834a400239dc946fd4

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 15/1/2018 11:47

Line Num: 1

Text: HISTORY Left Locally Advanced Breast Cancer TRO metastatic involvement TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No prior study is available for comparison. THORAX There is a large mass in the left breast, measuring about 6.8 x 5.3 cm, with associated dermal thickening and multiple enlarged nodes in the left axilla (2.2 cm, se 5/24), suspicious for primary breast malignancy with nodal spread. There are multiple spiculated pulmonary nodules in both lungs, worrisome for pulmonary metastases. The largest nodule in the right lung is in the apical segment of the right upper lobe, measuring 0.9 cm (se 6/14). The largest nodule inthe left lung is in the superior segment of the left lower lobe, measuring 1.0 cm at the periphery (se 6/50). Dependent atelectasis is noted in the lung bases. The central airways are patent. There is no pleural effusion. A few small nodes are seen in the right axilla, likely reactive in nature. No significantly enlarged lymphadenopathy is seen in the mediastinum. The heart size is not enlarged. The major mediastinal vessels show normal opacification. There is no pericardial effusion. ABDOMEN Multiple suspicious hepatic masses are seen in both lower lobes, worrisome for hepatic metastases. The largest mass is in the hepatic segment II, measuring 2.4 x 2.0 cm (se 11/24). Hepatic parenchyma is reduced in attenuation, compatible with hepatic steatosis. The portal and hepatic vein showed normal opacification. The gallbladder, biliary tree, spleen, pancreas, adrenal glands and both kidneys are unremarkable. The visualised bowel loops are normal in calibre and distribution. There is no ascites or significantly enlarged retroperitoneal nodes. SKELETAL STRUCTURES There is a lytic lesion with mild expansion involving the left pedicle of C7 (se 5/6 and 7/29), suspicious for bony metastases. Moderate compression fracture of C7 and severe compression fracture of T3 (se 7/41) are suspicious for pathological fractures from bony metastases. There is mild associated retropulsion. Scattered focus in the posterior aspect of the left seventh rib is likely representing an old rib fracture (se 5/36). CONCLUSION 1. A large mass in the left breast with skin thickening and multiple enlarged nodes in the left axilla is likely representing a primary breast tumour with nodal disease. 2. Multiple metastases are seen in both lungs, liver and upper thoracic spine. 3. Pathological compression fracture of C7 and T3 vertebra with some mild retropulsion. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: c6a96f590dbf2ba709bdd46466b0b6c1eee53308f869c1da97bc4daa4a0b46e5

Updated Date Time: 15/1/2018 18:17

## Layman Explanation

This radiology report discusses HISTORY Left Locally Advanced Breast Cancer TRO metastatic involvement TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS No prior study is available for comparison. THORAX There is a large mass in the left breast, measuring about 6.8 x 5.3 cm, with associated dermal thickening and multiple enlarged nodes in the left axilla (2.2 cm, se 5/24), suspicious for primary breast malignancy with nodal spread. There are multiple spiculated pulmonary nodules in both lungs, worrisome for pulmonary metastases. The largest nodule in the right lung is in the apical segment of the right upper lobe, measuring 0.9 cm (se 6/14). The largest nodule inthe left lung is in the superior segment of the left lower lobe, measuring 1.0 cm at the periphery (se 6/50). Dependent atelectasis is noted in the lung bases. The central airways are patent. There is no pleural effusion. A few small nodes are seen in the right axilla, likely reactive in nature. No significantly enlarged lymphadenopathy is seen in the mediastinum. The heart size is not enlarged. The major mediastinal vessels show normal opacification. There is no pericardial effusion. ABDOMEN Multiple suspicious hepatic masses are seen in both lower lobes, worrisome for hepatic metastases. The largest mass is in the hepatic segment II, measuring 2.4 x 2.0 cm (se 11/24). Hepatic parenchyma is reduced in attenuation, compatible with hepatic steatosis. The portal and hepatic vein showed normal opacification. The gallbladder, biliary tree, spleen, pancreas, adrenal glands and both kidneys are unremarkable. The visualised bowel loops are normal in calibre and distribution. There is no ascites or significantly enlarged retroperitoneal nodes. SKELETAL STRUCTURES There is a lytic lesion with mild expansion involving the left pedicle of C7 (se 5/6 and 7/29), suspicious for bony metastases. Moderate compression fracture of C7 and severe compression fracture of T3 (se 7/41) are suspicious for pathological fractures from bony metastases. There is mild associated retropulsion. Scattered focus in the posterior aspect of the left seventh rib is likely representing an old rib fracture (se 5/36). CONCLUSION 1. A large mass in the left breast with skin thickening and multiple enlarged nodes in the left axilla is likely representing a primary breast tumour with nodal disease. 2. Multiple metastases are seen in both lungs, liver and upper thoracic spine. 3. Pathological compression fracture of C7 and T3 vertebra with some mild retropulsion. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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