# Row 346

Visit Number: d0473af3ec6222b82b433dac2cbb37f5cdba6778797742a48ff7024b4f50748a

Masked\_PatientID: 345

Order ID: 4385742f2b76dc8cfa9242748f68955d7b632582f06973d2bf679e4937f8fc2d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/12/2018 18:41

Line Num: 1

Text: HISTORY mets lung cancer . coming in for limb weakness and ARU. likely progression disease. need restaging scan to plan for treatment TECHNIQUE Scans of the thorax abdomen and pelvis were acquired. Intravenous contrast:NIL FINDINGS Comparison was made with the FDG/PET CT scan of 4/9/18 and MRI on 4/12/18. There are several enlarged nodes at mediastinal and left paratracheal area eg 2.0cm im 2-39 and 1.7cm im 2-41. The heart is normal in size. No pericardial effusion is seen. There is consolidation in left lower lobe and posterior segment of left upper lobe. There is a left effusion with nodular appearance of the effusion suggestion of pleural deposits. Right lung is emphysematous and several nodules are noted eg 0.9cm im 3-78 and 1.5cm in im 3-90, likely due to secondaries. No consolidation of effusion is seen. There are paravertebral masses maybe due soft tissue secondaries and nodes eg 2.0cm in im 2-96, 1.2cm in im 2-102. The liver,gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. The urinary system is opacified from the contrast excretion of recent MRI study. The prostate gland is enlarged. The catheterised urinary bladder is unremarkable. There are few diverticuli in the colon. A few opacities in small bowel loop at right side of abdomen are likely due to oral medications. The bowel loops are otherwise unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Degenerative bony changes, no focal lesion is seen. CONCLUSION Left lower lobe consolidation/mass and effusion with nodular appearance compatible with tumour and secondary involvement. Right lung nodular lesions suspicious for secondaries. Enlarged nodes in the chest likely due to secondary involvement. Left paravertebral masses due to enlarged nodes or soft tissue secondaries. Prostatomegaly. May need further action Finalised by: <DOCTOR>

Accession Number: 97a0f31c99189874249386c94f3ca1dc59a86f0a8f12ead27a2d1dad0b2b4012

Updated Date Time: 05/12/2018 10:04

## Layman Explanation

This radiology report discusses HISTORY mets lung cancer . coming in for limb weakness and ARU. likely progression disease. need restaging scan to plan for treatment TECHNIQUE Scans of the thorax abdomen and pelvis were acquired. Intravenous contrast:NIL FINDINGS Comparison was made with the FDG/PET CT scan of 4/9/18 and MRI on 4/12/18. There are several enlarged nodes at mediastinal and left paratracheal area eg 2.0cm im 2-39 and 1.7cm im 2-41. The heart is normal in size. No pericardial effusion is seen. There is consolidation in left lower lobe and posterior segment of left upper lobe. There is a left effusion with nodular appearance of the effusion suggestion of pleural deposits. Right lung is emphysematous and several nodules are noted eg 0.9cm im 3-78 and 1.5cm in im 3-90, likely due to secondaries. No consolidation of effusion is seen. There are paravertebral masses maybe due soft tissue secondaries and nodes eg 2.0cm in im 2-96, 1.2cm in im 2-102. The liver,gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. The urinary system is opacified from the contrast excretion of recent MRI study. The prostate gland is enlarged. The catheterised urinary bladder is unremarkable. There are few diverticuli in the colon. A few opacities in small bowel loop at right side of abdomen are likely due to oral medications. The bowel loops are otherwise unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No free intraperitoneal fluid is detected. Degenerative bony changes, no focal lesion is seen. CONCLUSION Left lower lobe consolidation/mass and effusion with nodular appearance compatible with tumour and secondary involvement. Right lung nodular lesions suspicious for secondaries. Enlarged nodes in the chest likely due to secondary involvement. Left paravertebral masses due to enlarged nodes or soft tissue secondaries. Prostatomegaly. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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