# Row 3591

Visit Number: 321730046fde4a20c3afe32ed06aae74430d1b7ddf6fcdeffc174a86a559137f

Masked\_PatientID: 3591

Order ID: f786c9e467c26facf112bbd999129a5ea46673acca23f63839696f164aa1fb70

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 13/1/2016 12:27

Line Num: 1

Text: HISTORY 48 year old woman,metastatic left breast CA (ER +, PR +, HER 2 fish +) currently on trial of phase 1 PI3 K inhibitor study started 29 Dec 2015 SOB after D 9 dosing To rule out pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison made with previous CT examination dated 11/11/2015 and recent PET CT dated 06/01/2016. There are multiple pulmonary nodules of varying sizes bilaterally in keeping withknown metastases. These are grossly stable with the largest measuring 6 mm in the anterior segment of the right upper lobe (image 2-35). No focal ground-glass opacification or consolidation is seen to suggest pneumonitis. No evidence of peripheral honeycomb fibrosis. There are moderate sized pleural effusions bilaterally with evidence of loculation on the right side. Overlying diffuse pleural thickening and nodularity, and several pleural based nodules are again seen, grossly unchanged. Atelectatic changes of the adjacent lungs more notably of the right lower lobe are noted. Nodular thickening of the mediastinal pleura is also observed. No overtly enlarged hilar or mediastinal lymph node is present. Heart is normalin size. No significant pericardial effusion is present. Central airways are clear. Multiple hypodense liver lesions consistent with metastases are grossly stable. There is a lobulated enlarged left axillary node measuring 2.3 x 3 cm, stable in size. Smaller right pectoral and axillary nodes are unchanged. The soft tissue thickening of the left chest wall is also noted to be stable. The bony window review shows extensive lytic and sclerotic changes involving several vertebrae and ribs bilaterally consistent with known bony metastases. CONCLUSION No imaging evidence to suggest pneumonitis. Moderate sized bilateral pleural effusions with loculation on the right side remains stable. The other sites of metastases show no significant interval change in appearances compared with recent PET CT of 06/01/2016. May need further action Finalised by: <DOCTOR>

Accession Number: d021858cdb821fb9236629d9fcda911cb743d2637d78a18ee60b9d1ce8bb4600

Updated Date Time: 13/1/2016 13:59

## Layman Explanation

This radiology report discusses HISTORY 48 year old woman,metastatic left breast CA (ER +, PR +, HER 2 fish +) currently on trial of phase 1 PI3 K inhibitor study started 29 Dec 2015 SOB after D 9 dosing To rule out pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison made with previous CT examination dated 11/11/2015 and recent PET CT dated 06/01/2016. There are multiple pulmonary nodules of varying sizes bilaterally in keeping withknown metastases. These are grossly stable with the largest measuring 6 mm in the anterior segment of the right upper lobe (image 2-35). No focal ground-glass opacification or consolidation is seen to suggest pneumonitis. No evidence of peripheral honeycomb fibrosis. There are moderate sized pleural effusions bilaterally with evidence of loculation on the right side. Overlying diffuse pleural thickening and nodularity, and several pleural based nodules are again seen, grossly unchanged. Atelectatic changes of the adjacent lungs more notably of the right lower lobe are noted. Nodular thickening of the mediastinal pleura is also observed. No overtly enlarged hilar or mediastinal lymph node is present. Heart is normalin size. No significant pericardial effusion is present. Central airways are clear. Multiple hypodense liver lesions consistent with metastases are grossly stable. There is a lobulated enlarged left axillary node measuring 2.3 x 3 cm, stable in size. Smaller right pectoral and axillary nodes are unchanged. The soft tissue thickening of the left chest wall is also noted to be stable. The bony window review shows extensive lytic and sclerotic changes involving several vertebrae and ribs bilaterally consistent with known bony metastases. CONCLUSION No imaging evidence to suggest pneumonitis. Moderate sized bilateral pleural effusions with loculation on the right side remains stable. The other sites of metastases show no significant interval change in appearances compared with recent PET CT of 06/01/2016. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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