# Row 3964

Visit Number: 48fd438efa2dae2aa7473ed4b5ac995f29f483f6ac9672be5e545dda4b66f271

Masked\_PatientID: 3964

Order ID: 3617ba2f5117fed017f7db5609a5dd9e6cce7b6783a98c0b177e671571bc0f98

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/11/2015 17:28

Line Num: 1

Text: HISTORY brain lesion suspicious of metastasis, to look for primary cause TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is a mass in the apical segment of the right upper lobe, which measures 2.6 x 2.3 cm in axial dimensions and 4.4 cm in craniocaudal dimension (401-50 and 406-16). It is in contact with the pleura but there is no pleural effusion or nodularity. There is an ill-defined ground-glass opacity in the apical segment of the left lower lobe (401-51) which is nonspecific, measuring approximately 1.2 cm. Mild dependent atelectasis is noted in the lower lobes bilaterally. The lungs are otherwise clear. There are subcentimetre mediastinal and right hilar nodes, measuring up to 8 mm (402-45). There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is within normal limits. There is no pericardial effusion. The liver has a 1.5cm lesion in segment II, which shows peripheral nodular hyperenhancement (501-21 and 503-53) and is likely a haemangioma. The hypodense area in segment IVb adjacent to the falciform ligament is likely focal fatty change. There is no biliary dilatation. The gallbladder, pancreas, spleen and both adrenal glands are within normal limits. Both kidneys show normal size and contour. A couple of small subcentimetre hypodense foci are present, which are likely cysts. The urinary bladder has a normal outline. The prostate gland is unremarkable. The stomach and bowel loops are also unremarkable, apart from uncomplicated colonic diverticular disease. No abnormal dilatation or mass lesion is seen, within the limits of this study. There is no free fluid or lymphadenopathy in the abdomen and pelvis. The small sclerotic focus at the right tenth rib is likely a bone island.No destructive bony lesion is detected. CONCLUSION 1. The right lower lobe apical segment pulmonary mass is likely a primary malignant neoplasm. It is in contact with the pleura but no convincing evidence of pleural metastasis is detected. 2. The left lower lobe apical segment ground-glass opacity is nonspecific. This may be focal inflammation, fibrosis or a lowgrade neoplasm. 3. There is no lymphadenopathy. Subcentimetre right hilar and mediastinal nodes are noted, which do not reach significance size criteria. 4. Incidental note of a probable haemangioma in hepatic segment II. No metastatic disease is seen in the abdomen or pelvis. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 9024aef35f6e800bf64f41747ed3dff174ff8aa82c6b686d30791647ff8db639

Updated Date Time: 30/11/2015 9:49

## Layman Explanation

This radiology report discusses HISTORY brain lesion suspicious of metastasis, to look for primary cause TECHNIQUE Contrast enhanced CT chest, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS There is a mass in the apical segment of the right upper lobe, which measures 2.6 x 2.3 cm in axial dimensions and 4.4 cm in craniocaudal dimension (401-50 and 406-16). It is in contact with the pleura but there is no pleural effusion or nodularity. There is an ill-defined ground-glass opacity in the apical segment of the left lower lobe (401-51) which is nonspecific, measuring approximately 1.2 cm. Mild dependent atelectasis is noted in the lower lobes bilaterally. The lungs are otherwise clear. There are subcentimetre mediastinal and right hilar nodes, measuring up to 8 mm (402-45). There is no mediastinal, hilar or axillary lymphadenopathy. The heart size is within normal limits. There is no pericardial effusion. The liver has a 1.5cm lesion in segment II, which shows peripheral nodular hyperenhancement (501-21 and 503-53) and is likely a haemangioma. The hypodense area in segment IVb adjacent to the falciform ligament is likely focal fatty change. There is no biliary dilatation. The gallbladder, pancreas, spleen and both adrenal glands are within normal limits. Both kidneys show normal size and contour. A couple of small subcentimetre hypodense foci are present, which are likely cysts. The urinary bladder has a normal outline. The prostate gland is unremarkable. The stomach and bowel loops are also unremarkable, apart from uncomplicated colonic diverticular disease. No abnormal dilatation or mass lesion is seen, within the limits of this study. There is no free fluid or lymphadenopathy in the abdomen and pelvis. The small sclerotic focus at the right tenth rib is likely a bone island.No destructive bony lesion is detected. CONCLUSION 1. The right lower lobe apical segment pulmonary mass is likely a primary malignant neoplasm. It is in contact with the pleura but no convincing evidence of pleural metastasis is detected. 2. The left lower lobe apical segment ground-glass opacity is nonspecific. This may be focal inflammation, fibrosis or a lowgrade neoplasm. 3. There is no lymphadenopathy. Subcentimetre right hilar and mediastinal nodes are noted, which do not reach significance size criteria. 4. Incidental note of a probable haemangioma in hepatic segment II. No metastatic disease is seen in the abdomen or pelvis. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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