# Row 4200

Visit Number: 5165fac6a0f3d4877bd5b826114367a974776195d2dd4138838bb53331f9cdc1

Masked\_PatientID: 4193

Order ID: e7bcd2cb2aa16439e384abe9fcdb96c896448c9e0edb306b9ce16b6aa7ece50e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/12/2018 14:19

Line Num: 1

Text: HISTORY CTTAP for BLU-667-1101 trial; b/g right lung ca s/p VAT Right Endometrial cyst s/p cystectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the CT scan of 28 November 2018. CHEST The mediastinal vessels opacify normally. Prominent right paratracheal lymph node is grossly stable measuring 7 mm in short axis (Im 5/27). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. Small amount of pericardial effusion shows mild interval progression, measures up to 13 mm in thickness. Post middle lobectomy. Stable fibrocalcific scarring in the right upper lobe. Stable pulmonary nodules in the superior segment of the right lower lobe, measuring 6 mm (Im 6/37) and 3 mm (Im 6/37, 41). Interval development of few ill-defined ground-glass opacities in the right lower lobe may be due to infective aetiology. No pleural effusion is present. ABDOMEN AND PELVIS VP shunt tube is noted in situ. The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. Uterus is not enlarged. No adnexalmass. Corpus luteum is noted in the left ovary. The urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Small amount of free intraperitoneal fluid is detected in the pelvis. Sclerotic lesion in the posterior aspect of right ninth rib suspicious for metastasis is again noted. CONCLUSION Since the previous CT done on 28 November 2018: - Stable pulmonary nodules in the right lower lobe suspicious for metastases - New scattered ground-glass opacities in the right lower lobe may be due to infective aetiology - Mild interval progression of pericardial effusion - Stable prominent right paratracheal lymph node - Stable metastasis in the right ninth rib. May need further action Finalised by: <DOCTOR>

Accession Number: 2d1e22a9629b20887c1a10741217ebf7da020e6c552e1a9353a4ea4d9f341584

Updated Date Time: 22/12/2018 15:06

## Layman Explanation

This radiology report discusses HISTORY CTTAP for BLU-667-1101 trial; b/g right lung ca s/p VAT Right Endometrial cyst s/p cystectomy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison was made with the CT scan of 28 November 2018. CHEST The mediastinal vessels opacify normally. Prominent right paratracheal lymph node is grossly stable measuring 7 mm in short axis (Im 5/27). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. Small amount of pericardial effusion shows mild interval progression, measures up to 13 mm in thickness. Post middle lobectomy. Stable fibrocalcific scarring in the right upper lobe. Stable pulmonary nodules in the superior segment of the right lower lobe, measuring 6 mm (Im 6/37) and 3 mm (Im 6/37, 41). Interval development of few ill-defined ground-glass opacities in the right lower lobe may be due to infective aetiology. No pleural effusion is present. ABDOMEN AND PELVIS VP shunt tube is noted in situ. The liver, gallbladder, spleen, pancreas, adrenal glands and kidneys appear unremarkable. Uterus is not enlarged. No adnexalmass. Corpus luteum is noted in the left ovary. The urinary bladder and bowel loops show normal features. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Small amount of free intraperitoneal fluid is detected in the pelvis. Sclerotic lesion in the posterior aspect of right ninth rib suspicious for metastasis is again noted. CONCLUSION Since the previous CT done on 28 November 2018: - Stable pulmonary nodules in the right lower lobe suspicious for metastases - New scattered ground-glass opacities in the right lower lobe may be due to infective aetiology - Mild interval progression of pericardial effusion - Stable prominent right paratracheal lymph node - Stable metastasis in the right ninth rib. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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