# Row 4474

Visit Number: db108de6a12fbc43801880070152b3e0bef3182b1a7ad25eba90630c2baf42ba

Masked\_PatientID: 4469

Order ID: 17918030d9418abc00c080fe294dabc06e1327c3bdb400c9f4b41d209dbd611d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/12/2016 19:10

Line Num: 1

Text: HISTORY mets ca breast to lung chronic cough, worsening fever ? sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with the previous examination of 1 November 2016. Thorax There is interval progression of the large tumour at the left lower lobe which currently measures 5.8 x 4.3 cm (previous measurement 5.5 x 3.6 cm). Extensive pleural metastases are also present in the left hemithorax with a diffuse thickening of the pleura as well as focal nodular soft tissue masses, particularly at the upper portion of the left hemithorax. Nodules are also present in the oblique fissure. No focal suspicious right lung massis demonstrated. There is interim development of significant soft tissue adjacent to the left internal mammary vessels compatible with nodal involvement in this region. Small nodular densities are also seen in the left paracardiac\supradiaphragmatic region likely representing nodal disease. Right mastectomy is present with no significantly enlarged axillary lymph nodes. Abdomen and pelvis The liver has a smooth outline and shows no focal suspicious abnormality. The gallbladder appears unremarkable and the bile ducts are not dilated. The pancreas, spleen and both adrenals are unremarkable. The kidneys enhance in a symmetrical manner with a left upper pole cyst measuring 2.8 cm. No enlarged abdominal or pelvic lymph nodes are seen. The uterus and adnexa are unremarkable. No free fluid is seen within the abdomen. The urinary bladder appears normal. No destructive bony lesions are detected. CONCLUSION There is evidence of disease progression with development of extensive pleural metastases. The metastatic deposit in the left lower lobe pulmonary parenchyma has also increased in size. Soft tissue adjacent to the left internal mammary vessels is suspicious for metastatic nodal involvement. May need further action Finalised by: <DOCTOR>

Accession Number: e305f0556beca369a52971e705b276277407f8ae2642b9fcc6589876ad63ea28

Updated Date Time: 14/12/2016 20:04

## Layman Explanation

This radiology report discusses HISTORY mets ca breast to lung chronic cough, worsening fever ? sepsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with the previous examination of 1 November 2016. Thorax There is interval progression of the large tumour at the left lower lobe which currently measures 5.8 x 4.3 cm (previous measurement 5.5 x 3.6 cm). Extensive pleural metastases are also present in the left hemithorax with a diffuse thickening of the pleura as well as focal nodular soft tissue masses, particularly at the upper portion of the left hemithorax. Nodules are also present in the oblique fissure. No focal suspicious right lung massis demonstrated. There is interim development of significant soft tissue adjacent to the left internal mammary vessels compatible with nodal involvement in this region. Small nodular densities are also seen in the left paracardiac\supradiaphragmatic region likely representing nodal disease. Right mastectomy is present with no significantly enlarged axillary lymph nodes. Abdomen and pelvis The liver has a smooth outline and shows no focal suspicious abnormality. The gallbladder appears unremarkable and the bile ducts are not dilated. The pancreas, spleen and both adrenals are unremarkable. The kidneys enhance in a symmetrical manner with a left upper pole cyst measuring 2.8 cm. No enlarged abdominal or pelvic lymph nodes are seen. The uterus and adnexa are unremarkable. No free fluid is seen within the abdomen. The urinary bladder appears normal. No destructive bony lesions are detected. CONCLUSION There is evidence of disease progression with development of extensive pleural metastases. The metastatic deposit in the left lower lobe pulmonary parenchyma has also increased in size. Soft tissue adjacent to the left internal mammary vessels is suspicious for metastatic nodal involvement. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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