# Row 4507

Visit Number: 9a066183558f09c33607062eb680d63a3813933c820981b8628752a0e6480fc2

Masked\_PatientID: 4506

Order ID: 9b9c8ab263cd08fd19445640f7646f95478c4e957b3516ca12b93ca14347cf5c

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/12/2016 11:52

Line Num: 1

Text: HISTORY Metastatic colon cancer to lungs and mediastinal nodes just started on Phase I trial LTT462 Now with acute SOB - TRO pneumonitis / PE / chest infection / progression in lung mets TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. the scan of the thorax was done in the pulmonary angiographic phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 9 December 2016 done at NCC. There is new development of ground-glass opacification and thickened intra-lobular septa in the lower lobes of the lungs, more extensive on the left. The multiple pulmonary metastases are slightly larger. For example, a metastasis in the right lower lobe now measures 5.8 x 3.8 cm (series 401 image 67). Previously, it measured 4.7 x 3.6 cm (series 4 image 101). There are mildly enlarged lymph nodes in the mediastinum and pulmonary hila, slightly larger compared to before. For example, the largest node now measures 4.3 x 2.5 cm (series 401 image 31) compared to 3.0 x 1.7 cm (series 300 image 22). This largest node is in the subcarinal region of the mediastinum No filling defect is identified in the pulmonary artery and its branches to suggest a pulmonary embolism. No pleural or pericardial effusion is seen. In the abdomen, the right hemicolectomy anastomotic site appears unremarkable. The liver again shows a subcentimetre hypodense lesion in segment 2, unchanged from before. The gallbladder is contracted and shows mild mural thickening in its fundus, probably representing adenomyomatosis. The biliary tree is not dilated. The spleen, pancreas and adrenal glands are unremarkable. The kidneys are unremarkable. There is no hydronephrosis. In the pelvis, the urinary bladder appears normal. The prostate gland is not enlarged. There is no ascites. No peritoneal nodule is detected to suggest a peritoneal metastasis. No enlarged lymph node is seen inthe retroperitoneum. There is atherosclerotic disease in the abdominal aorta and iliac arteries. The previously noted small partially thrombosed aneurysm of the right common iliac artery is unchanged in size. No skeletal metastasis is detected. CONCLUSION There is ground-glass opacification in the lower lobes of the lungs, worse on the left. This may represent a pneumonitis. The pulmonary metastases and enlarged thoracic lymph nodes are slightly larger compared to the previous CT. May need further action Finalised by: <DOCTOR>

Accession Number: 93e279e5842c5888583644d44d7b0dcac0e6ec7f510dc550de244b5a44a3cf8e

Updated Date Time: 27/12/2016 9:31

## Layman Explanation

This radiology report discusses HISTORY Metastatic colon cancer to lungs and mediastinal nodes just started on Phase I trial LTT462 Now with acute SOB - TRO pneumonitis / PE / chest infection / progression in lung mets TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. the scan of the thorax was done in the pulmonary angiographic phase. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 9 December 2016 done at NCC. There is new development of ground-glass opacification and thickened intra-lobular septa in the lower lobes of the lungs, more extensive on the left. The multiple pulmonary metastases are slightly larger. For example, a metastasis in the right lower lobe now measures 5.8 x 3.8 cm (series 401 image 67). Previously, it measured 4.7 x 3.6 cm (series 4 image 101). There are mildly enlarged lymph nodes in the mediastinum and pulmonary hila, slightly larger compared to before. For example, the largest node now measures 4.3 x 2.5 cm (series 401 image 31) compared to 3.0 x 1.7 cm (series 300 image 22). This largest node is in the subcarinal region of the mediastinum No filling defect is identified in the pulmonary artery and its branches to suggest a pulmonary embolism. No pleural or pericardial effusion is seen. In the abdomen, the right hemicolectomy anastomotic site appears unremarkable. The liver again shows a subcentimetre hypodense lesion in segment 2, unchanged from before. The gallbladder is contracted and shows mild mural thickening in its fundus, probably representing adenomyomatosis. The biliary tree is not dilated. The spleen, pancreas and adrenal glands are unremarkable. The kidneys are unremarkable. There is no hydronephrosis. In the pelvis, the urinary bladder appears normal. The prostate gland is not enlarged. There is no ascites. No peritoneal nodule is detected to suggest a peritoneal metastasis. No enlarged lymph node is seen inthe retroperitoneum. There is atherosclerotic disease in the abdominal aorta and iliac arteries. The previously noted small partially thrombosed aneurysm of the right common iliac artery is unchanged in size. No skeletal metastasis is detected. CONCLUSION There is ground-glass opacification in the lower lobes of the lungs, worse on the left. This may represent a pneumonitis. The pulmonary metastases and enlarged thoracic lymph nodes are slightly larger compared to the previous CT. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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