# Row 4670

Visit Number: 0a02225f9e3e94f62dc6657265b87cbe910a7b7e09d45411b42182cf489d5429

Masked\_PatientID: 4670

Order ID: 4616feb502e00d82685aedc5f4632d9cdd5ae3935e86ecdf5dc00d33c9d8e116

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 26/2/2016 12:53

Line Num: 1

Text: HISTORY met breast ca now with chest wall pain and severe pain in bone for re-evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast - Volume (ml): FINDINGS ThoraxComparison is made with the previous examination of 26 October 2015. There is an increase in the soft tissue mass within the left breast. This mass is currently applied on to the underlying pectoralis muscle and measures approximately 6.1 cm x 2.0 cm (previous measurement is approximately 5.2 x 1.2 cm). No overt metastatic deposit is seen within the pulmonary parenchyma Irregular destruction and manubrium is present on this examination and this has shown some evidence of increasing lytic regions. The sclerotic region to the left of the manubrium appears stable. The lateral aspect of the left eighth rib shows some irregular sclerosis that is not discernible on the previous examination. Mixed lytic and sclerotic areas of the vertebral bodies of T1, T3, T5, T6 and T11 show features of progression, and this is best demonstrated at the T11 vertebral body. There is interval development of small bilateral pleural effusions. Abdomen and pelvis The unenhanced liver has a smooth outline with two ill-defined low density regions at segment II, measuring approximately 1 cm (series 201 image 77, 80) that are suspicious for metastatic deposits. The spleen and both adrenals are unremarkable. The pancreas has a smooth outline. The gallbladder contains a gallstone. No overt enlargement of the abdominal lymph node is demonstrated. The left kidney appears moderately atrophic. No overt hydronephrosis is seen in either kidney. The bowel shows no overt thickening or dilatation. The uterus is atrophic and no adnexal abnormality is seen. A large destructive mass is present at the left iliac bone involving the iliac crest muscle and the gluteal muscles. This mass has shown significant progression since the previous examination. Lumbar vertebral mixed lytic and sclerotic lesions are present and these show a subjective progression, particularly at the L5 vertebral body. Sclerotic metastases in the right iliac bone and both upper femur are present and these deposits are relatively stable. CONCLUSION There is increased soft tissue at the left breast compatible with disease progression. Multiple bony metastases are demonstrated and there is progression of the destructive lesions within the spine and the pelvis, particularly at the left iliac bone. Interim development of low density lesions within the left lobe of the liver is suspicious for metastatic deposits May need further action Finalised by: <DOCTOR>

Accession Number: 57e77a8b6c8c42042d396fe12d0634b5776a60bbe151a7bffc6fed725309ce44

Updated Date Time: 26/2/2016 15:06

## Layman Explanation

This radiology report discusses HISTORY met breast ca now with chest wall pain and severe pain in bone for re-evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil Positive Oral Contrast - Volume (ml): FINDINGS ThoraxComparison is made with the previous examination of 26 October 2015. There is an increase in the soft tissue mass within the left breast. This mass is currently applied on to the underlying pectoralis muscle and measures approximately 6.1 cm x 2.0 cm (previous measurement is approximately 5.2 x 1.2 cm). No overt metastatic deposit is seen within the pulmonary parenchyma Irregular destruction and manubrium is present on this examination and this has shown some evidence of increasing lytic regions. The sclerotic region to the left of the manubrium appears stable. The lateral aspect of the left eighth rib shows some irregular sclerosis that is not discernible on the previous examination. Mixed lytic and sclerotic areas of the vertebral bodies of T1, T3, T5, T6 and T11 show features of progression, and this is best demonstrated at the T11 vertebral body. There is interval development of small bilateral pleural effusions. Abdomen and pelvis The unenhanced liver has a smooth outline with two ill-defined low density regions at segment II, measuring approximately 1 cm (series 201 image 77, 80) that are suspicious for metastatic deposits. The spleen and both adrenals are unremarkable. The pancreas has a smooth outline. The gallbladder contains a gallstone. No overt enlargement of the abdominal lymph node is demonstrated. The left kidney appears moderately atrophic. No overt hydronephrosis is seen in either kidney. The bowel shows no overt thickening or dilatation. The uterus is atrophic and no adnexal abnormality is seen. A large destructive mass is present at the left iliac bone involving the iliac crest muscle and the gluteal muscles. This mass has shown significant progression since the previous examination. Lumbar vertebral mixed lytic and sclerotic lesions are present and these show a subjective progression, particularly at the L5 vertebral body. Sclerotic metastases in the right iliac bone and both upper femur are present and these deposits are relatively stable. CONCLUSION There is increased soft tissue at the left breast compatible with disease progression. Multiple bony metastases are demonstrated and there is progression of the destructive lesions within the spine and the pelvis, particularly at the left iliac bone. Interim development of low density lesions within the left lobe of the liver is suspicious for metastatic deposits May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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