# Row 5776

Visit Number: 66d62caa924bc22b4bf918339914e0d18d099bbcf27cd42acf34dbb4590f2738

Masked\_PatientID: 5776

Order ID: 234d2ed1c254d9ff2e046f43653d83c6fea67f6716d9e8dc20fdb8a883265ba7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 21/11/2018 12:13

Line Num: 1

Text: HISTORY Likely brain mets, chronic smoker, ?malignancy TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is a 3.8 x 3.8 x 4.7 cm mass inthe right lower lobe (402-61 and 405-21). Nodular pleural thickening is seen in the right oblique fissure (405-31). Findings are suspicious for primary lung malignancy with pleural metastases. Multiple enlarged ipsilateral and contralateral mediastinal and hilar lymph nodes are seen, the largest measuring 3.3 x 2.2 cm and located in the right lower paratracheal region (405-43). Enlarged lymph nodes are also seen in the left supraclavicular regions, the largest node measuring 1.4 x 1.0 cm (405-48). The lungs show reticulation, ground-glass opacities and traction bronchiectasis are seen in the subpleural aspects. There is honeycombing. The lung volumes are reduced. These features are in keeping with interstitial lung disease (usual interstitial pneumonia). No pleural effusion is detected. A 2 mm nodule in the left upper lobe is non-specific (401-38). The liver shows no focal lesion to suggest a metastasis. The biliary tree is not dilated. The spleen, gallbladder, pancreas and adrenal glands are unremarkable. The kidneys show subcentimetre hypodense lesions, probably representing cysts and/ or angiomyolipomas. The bowel loops are normal in calibre and distribution. No enlarged abdominopelvic lymph node is detected. No free gas or fluid is seen. The urinary bladder is under-distended and its wall cannot be assessed. The prostate gland is not enlarged. No skeletal metastasis is identified. Degenerative changes are seen in the spine. CONCLUSION Right lung mass with nodular pleural thickening and multiple enlarged ipsilateral and contralateral mediastinal and hilar lymph nodes. Enlarged left supraclavicular lymph nodes are also identified. Findings are suspicious for metastatic primary lung carcinoma; histological correlation is suggested. May need further action Reported by: <DOCTOR>

Accession Number: a1915a711c03011d4df6b3584c9f7e7a7dcf5b2b7fc01a5b2387e4c8e6d45dbc

Updated Date Time: 21/11/2018 14:26

## Layman Explanation

This radiology report discusses HISTORY Likely brain mets, chronic smoker, ?malignancy TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is a 3.8 x 3.8 x 4.7 cm mass inthe right lower lobe (402-61 and 405-21). Nodular pleural thickening is seen in the right oblique fissure (405-31). Findings are suspicious for primary lung malignancy with pleural metastases. Multiple enlarged ipsilateral and contralateral mediastinal and hilar lymph nodes are seen, the largest measuring 3.3 x 2.2 cm and located in the right lower paratracheal region (405-43). Enlarged lymph nodes are also seen in the left supraclavicular regions, the largest node measuring 1.4 x 1.0 cm (405-48). The lungs show reticulation, ground-glass opacities and traction bronchiectasis are seen in the subpleural aspects. There is honeycombing. The lung volumes are reduced. These features are in keeping with interstitial lung disease (usual interstitial pneumonia). No pleural effusion is detected. A 2 mm nodule in the left upper lobe is non-specific (401-38). The liver shows no focal lesion to suggest a metastasis. The biliary tree is not dilated. The spleen, gallbladder, pancreas and adrenal glands are unremarkable. The kidneys show subcentimetre hypodense lesions, probably representing cysts and/ or angiomyolipomas. The bowel loops are normal in calibre and distribution. No enlarged abdominopelvic lymph node is detected. No free gas or fluid is seen. The urinary bladder is under-distended and its wall cannot be assessed. The prostate gland is not enlarged. No skeletal metastasis is identified. Degenerative changes are seen in the spine. CONCLUSION Right lung mass with nodular pleural thickening and multiple enlarged ipsilateral and contralateral mediastinal and hilar lymph nodes. Enlarged left supraclavicular lymph nodes are also identified. Findings are suspicious for metastatic primary lung carcinoma; histological correlation is suggested. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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