# Row 5903

Visit Number: 89a4eab5d454b0e3d851a56f093df98350a3f4c149e7eb40000dab4d32b00d01

Masked\_PatientID: 5903

Order ID: 217f7c718543da1e9e74988d89ec3b19449ae2d34414c3dac3561df2cd309068

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/6/2015 20:41

Line Num: 1

Text: HISTORY Stage 4A Lung adeno CA with ruptured right 7th rib mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous CT of 28 March 2015 from TTSH was reviewed. The partly necrotic tumour at the right lung apex measures approximately 4.0 x 5.9 x 7.2 cm (series four image 14, series eight image 36). It abuts the mediastinum and the pleura and there is contiguous pleural involvement/metastases in the right hemithorax. There is a necrotic pleural based mass measuring 7.4 x 2.3 x 5.5 cm adjacent to the posterior basal segment of the right lower lobe which appears to have invaded the diaphragm and abuts segment 7 of the liver (series four image 70, series 8 image 12). This is also seen previously. Fissural subcentimetre nodules involving the right minor and major fissures are again seen in keeping with pleural metastasis (series five image 46). These pleural metastases are relatively stable. There is no pleural effusion. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. The heart is not enlarged. Small amount of fluid is seen in the superior pericardial recess. There is no significant pericardial effusion. Osseous metastasis is again seen involving the right seventh rib laterally with expansion and destruction associated with surrounding soft tissue mass. the extra osseous soft tissue component of this metastases extend to theoverlying skin where there is nodular thickening. Sclerosis in the lateral aspect of the right sixth and eighth ribs is also suspicious for bony metastases. Severe T12 compression fracture is again noted. The limited sections of the upper abdominal organs are grossly unremarkable. CONCLUSION 1. The right apical pulmonary tumour is largely stable in size and there are stable right pleural metastases. One of these pleural metastases seen posteriorly at the lung base probably invades the diaphragm and abuts the right hepatic lobe. 2. Right-sided 6th to 8th ribs metastasis with large soft tissue component on the right seventh rib. The extraosseous soft tissue component from the right seventh rib metastases involves the overlying skin. 3. No significant change since the previous study. May need further action Reported by: <DOCTOR>

Accession Number: 73a7db859d6011d52a47f325c682a1dc3d5601d9ecf75d3f17b8a9ce11d18a1e

Updated Date Time: 05/6/2015 13:09

## Layman Explanation

This radiology report discusses HISTORY Stage 4A Lung adeno CA with ruptured right 7th rib mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous CT of 28 March 2015 from TTSH was reviewed. The partly necrotic tumour at the right lung apex measures approximately 4.0 x 5.9 x 7.2 cm (series four image 14, series eight image 36). It abuts the mediastinum and the pleura and there is contiguous pleural involvement/metastases in the right hemithorax. There is a necrotic pleural based mass measuring 7.4 x 2.3 x 5.5 cm adjacent to the posterior basal segment of the right lower lobe which appears to have invaded the diaphragm and abuts segment 7 of the liver (series four image 70, series 8 image 12). This is also seen previously. Fissural subcentimetre nodules involving the right minor and major fissures are again seen in keeping with pleural metastasis (series five image 46). These pleural metastases are relatively stable. There is no pleural effusion. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. The heart is not enlarged. Small amount of fluid is seen in the superior pericardial recess. There is no significant pericardial effusion. Osseous metastasis is again seen involving the right seventh rib laterally with expansion and destruction associated with surrounding soft tissue mass. the extra osseous soft tissue component of this metastases extend to theoverlying skin where there is nodular thickening. Sclerosis in the lateral aspect of the right sixth and eighth ribs is also suspicious for bony metastases. Severe T12 compression fracture is again noted. The limited sections of the upper abdominal organs are grossly unremarkable. CONCLUSION 1. The right apical pulmonary tumour is largely stable in size and there are stable right pleural metastases. One of these pleural metastases seen posteriorly at the lung base probably invades the diaphragm and abuts the right hepatic lobe. 2. Right-sided 6th to 8th ribs metastasis with large soft tissue component on the right seventh rib. The extraosseous soft tissue component from the right seventh rib metastases involves the overlying skin. 3. No significant change since the previous study. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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