# Row 6065

Visit Number: 8e1b314db7fdbc165f24102d6dba4bc7290310b2a082cf258cb9b0c4d7e3e713

Masked\_PatientID: 6052

Order ID: 93c3ca2455b2613a9526b039e8e20a6c4f969776711da1540c355366f0d987d4

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 10/12/2018 11:34

Line Num: 1

Text: HISTORY mets lung adenocarcinoma, sp chest tube in R lung for empyema now developed a new lump over chest drain site ? collection vs hematoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350- Volume (ml): 90 FINDINGS Thorax Comparison is made with the prior examination of 15 November 2018. There is soft tissue along the tract of the prior chest drain (series 501 image 12). Low density however is seen within the centre of this tract that would suggest the presence of fluid within the tract. It is however indeterminate for the presence of tumour within the tract. Mild thickening of the pleura is seen and there is loculated fluid within the left hemithorax. Consolidation is present in the left upper lobe associated with interstitial thickening and peribronchial soft tissues. The airways in the left upper lobe also shows evidence of wall thickening and luminal narrowing. The proximal portion of the left lower lobe bronchus appears to be patent but contains some debris. Collapsed and distal atelectasis of the left lower lobe is present with some small focal areas of subpleural calcification. The primary tumour at the left lower lobe is poorlyidentified and has a low density lesion at the superior aspect of the lobe. Multiple scattered small nodules are present in the right lung and this is most numerous in the lower zone. There are also multiple nodular densities along the oblique fissure and in a subpleural distribution of the lower zone. These are highly suspicious for a presence of metastatic deposits. A small non loculated right effusion is present. Borderline enlarged right paratracheal lymph node is present. The heart size is normal. Abdomen and pelvis. The liver has a smooth outline. Low density changes seen adjacent to the falciform ligament at segment four of the liver (series 501 image 24) and this is deemed likely due to focal fatty change. A well-defined hypodensity at segment VI of the liver is deemed to be due to a cyst. No dilatation of the bile ducts is seen and the gallbladder shows mild wall thickening with intraluminal content that may be due to debris or soft stones. No dilatation of the bile ducts is seen. The pancreas, spleen and the adrenals are unremarkable. There is interim development of the para-aortic lymph nodes (when compared with the CT performed on 19 October 2018). with the largest node lying in and aortocaval position of the upper abdomen measuring 1.7 x 1.8 cm. The likelihood of abdominal nodal metastatic disease should be considered. The kidneys are seen to enhance in a normal manner and no scarring or hydronephrosis is seen. The prostate contains calcification and is not significantly enlarged. The urinary bladder is under distended. The bowel shows no suspicious thickening or dilatation. Mixed lytic and sclerotic areas are present at a number of vertebral bodies particularly and T9, T11, T12 and L4. Metastatic deposits are also seen in the left tenth rib and at both iliac bones. CONCLUSION There is a discernible mass in the left lower lobe which is collapsed. This is grossly similar to theprior examination performed on 15 November 2018. Pleural thickening in the left hemithorax is similar to the prior examination. The soft tissue thickening along the tract of the previous chest drain is indeterminate for tumour deposit. Consolidation with interstitial thickening at the left upper lobe shows evidence of progression in keeping with metastatic hilar disease and development of lymphangitis. Multiple small nodules are present in the right lung and pleura in keeping with small metastatic deposits. Comparison however is hampered by motion. There is interval development of enlarged para-aortic lymph node (since October) within the abdomen and these are highly suspicious for metastatic lesions. Stable metastatic bony disease. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 754a69f31100a034278f5331b34e9e17c647711cb8c9efff2bdf738dc5354354

Updated Date Time: 10/12/2018 12:11

## Layman Explanation

This radiology report discusses HISTORY mets lung adenocarcinoma, sp chest tube in R lung for empyema now developed a new lump over chest drain site ? collection vs hematoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350- Volume (ml): 90 FINDINGS Thorax Comparison is made with the prior examination of 15 November 2018. There is soft tissue along the tract of the prior chest drain (series 501 image 12). Low density however is seen within the centre of this tract that would suggest the presence of fluid within the tract. It is however indeterminate for the presence of tumour within the tract. Mild thickening of the pleura is seen and there is loculated fluid within the left hemithorax. Consolidation is present in the left upper lobe associated with interstitial thickening and peribronchial soft tissues. The airways in the left upper lobe also shows evidence of wall thickening and luminal narrowing. The proximal portion of the left lower lobe bronchus appears to be patent but contains some debris. Collapsed and distal atelectasis of the left lower lobe is present with some small focal areas of subpleural calcification. The primary tumour at the left lower lobe is poorlyidentified and has a low density lesion at the superior aspect of the lobe. Multiple scattered small nodules are present in the right lung and this is most numerous in the lower zone. There are also multiple nodular densities along the oblique fissure and in a subpleural distribution of the lower zone. These are highly suspicious for a presence of metastatic deposits. A small non loculated right effusion is present. Borderline enlarged right paratracheal lymph node is present. The heart size is normal. Abdomen and pelvis. The liver has a smooth outline. Low density changes seen adjacent to the falciform ligament at segment four of the liver (series 501 image 24) and this is deemed likely due to focal fatty change. A well-defined hypodensity at segment VI of the liver is deemed to be due to a cyst. No dilatation of the bile ducts is seen and the gallbladder shows mild wall thickening with intraluminal content that may be due to debris or soft stones. No dilatation of the bile ducts is seen. The pancreas, spleen and the adrenals are unremarkable. There is interim development of the para-aortic lymph nodes (when compared with the CT performed on 19 October 2018). with the largest node lying in and aortocaval position of the upper abdomen measuring 1.7 x 1.8 cm. The likelihood of abdominal nodal metastatic disease should be considered. The kidneys are seen to enhance in a normal manner and no scarring or hydronephrosis is seen. The prostate contains calcification and is not significantly enlarged. The urinary bladder is under distended. The bowel shows no suspicious thickening or dilatation. Mixed lytic and sclerotic areas are present at a number of vertebral bodies particularly and T9, T11, T12 and L4. Metastatic deposits are also seen in the left tenth rib and at both iliac bones. CONCLUSION There is a discernible mass in the left lower lobe which is collapsed. This is grossly similar to theprior examination performed on 15 November 2018. Pleural thickening in the left hemithorax is similar to the prior examination. The soft tissue thickening along the tract of the previous chest drain is indeterminate for tumour deposit. Consolidation with interstitial thickening at the left upper lobe shows evidence of progression in keeping with metastatic hilar disease and development of lymphangitis. Multiple small nodules are present in the right lung and pleura in keeping with small metastatic deposits. Comparison however is hampered by motion. There is interval development of enlarged para-aortic lymph node (since October) within the abdomen and these are highly suspicious for metastatic lesions. Stable metastatic bony disease. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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