# Row 6355

Visit Number: 28bda112f1afca523ae4d3cf4668ab05f61b5078b0b1504a74fa205ac62918e4

Masked\_PatientID: 6351

Order ID: 2e9f7e506aa7e0647df5c15a15491b0829b52b75e7bdf1e2b4ce65452ff3f70e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 31/5/2015 9:13

Line Num: 1

Text: HISTORY newly diagnosed pheochromocytoma with a lung nodule noted on prev ious ctap for further characterisation of nodule ( metastatic deposit versus primary lung) TECHNIQUE Contrast enhanced scans of the thorax obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 40 FINDINGS The chest radiographs of 5 March 2013 and 20 May 2015 were reviewed. There is an irregular lobulated 2.8 x 2.7 x 2.5 cm nodule with spiculated margins in the left lower lobe apical segment (images 05-63 and 09-16), truncating branches of the apical segmental airway. There is associated surrounding linear atelectasis and tethering of the adjacent pleura. No pleural effusion is detected. Several other subcentimetre nodular opacities are seen as follows: - 3 mm, right upper lobe posterior segment, image 05-47 - 4 mm, right upper lobe anterior segment, image 05-44 - 2 mm, middle lobe, image 05-66 - 2 mm, lingula, image 05-60 - 5 mm, left lower lobe apical segment, image 05-52 There is a prominent left hilar lymph node (7 mm, image 04-53). No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. Coronary artery calcification is seen. The heart is normal in size. No pericardial effusion is detected. Previous right hemithyroidectomy noted. Several small hypodense nodules are seen in the remnant left thyroid lobe. The limited upper abdominal sections reveal the known heterogeneous left adrenal mass. There is interval increased fat stranding adjacent to this mass and around the left renal upper pole (image 4-101 vs prior 02-39). Gall bladder calculi and polyp are again noted. No destructive bone lesion seen. CONCLUSION 1. Spiculated 2.8 x 2.7 x 2.5 cm left lower lobe nodule truncating the apical segmental airway branches. The appearance favours a primary bronchogenic malignancy over a phaeochromocytoma metastasis. Histological evaluation is suggested. Prominent (7 mm) left hilar lymph node seen. 2. Several other scattered subcentimetre pulmonary nodules, indeterminate in nature, but suspicious for metastases. 3. Interval increased fat stranding around the known left adrenal mass, raising the possibility of intrelesional haemorrhage or inflammation. May need further action Finalised by: <DOCTOR>

Accession Number: 9cccfb4da5b5d0a67f8fbd16f620469b195a7d88bceb78e8aea71e8e43d46d6c

Updated Date Time: 31/5/2015 9:57

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed pheochromocytoma with a lung nodule noted on prev ious ctap for further characterisation of nodule ( metastatic deposit versus primary lung) TECHNIQUE Contrast enhanced scans of the thorax obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 40 FINDINGS The chest radiographs of 5 March 2013 and 20 May 2015 were reviewed. There is an irregular lobulated 2.8 x 2.7 x 2.5 cm nodule with spiculated margins in the left lower lobe apical segment (images 05-63 and 09-16), truncating branches of the apical segmental airway. There is associated surrounding linear atelectasis and tethering of the adjacent pleura. No pleural effusion is detected. Several other subcentimetre nodular opacities are seen as follows: - 3 mm, right upper lobe posterior segment, image 05-47 - 4 mm, right upper lobe anterior segment, image 05-44 - 2 mm, middle lobe, image 05-66 - 2 mm, lingula, image 05-60 - 5 mm, left lower lobe apical segment, image 05-52 There is a prominent left hilar lymph node (7 mm, image 04-53). No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. Coronary artery calcification is seen. The heart is normal in size. No pericardial effusion is detected. Previous right hemithyroidectomy noted. Several small hypodense nodules are seen in the remnant left thyroid lobe. The limited upper abdominal sections reveal the known heterogeneous left adrenal mass. There is interval increased fat stranding adjacent to this mass and around the left renal upper pole (image 4-101 vs prior 02-39). Gall bladder calculi and polyp are again noted. No destructive bone lesion seen. CONCLUSION 1. Spiculated 2.8 x 2.7 x 2.5 cm left lower lobe nodule truncating the apical segmental airway branches. The appearance favours a primary bronchogenic malignancy over a phaeochromocytoma metastasis. Histological evaluation is suggested. Prominent (7 mm) left hilar lymph node seen. 2. Several other scattered subcentimetre pulmonary nodules, indeterminate in nature, but suspicious for metastases. 3. Interval increased fat stranding around the known left adrenal mass, raising the possibility of intrelesional haemorrhage or inflammation. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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