# Row 6400

Visit Number: 13e2c7d4b44e60de037bc19a16808785093f2019543dfc969661cbf840c1c572

Masked\_PatientID: 6398

Order ID: 06b757f0f0e97e83ed1562f2e1f62f1e909e1d0675f363f8f32fda899c3ae6e3

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/11/2016 9:50

Line Num: 1

Text: HISTORY progressive SOB over last week met nsclc currently on azd9291, egfr 19+/T790M+ TECHNIQUE Contrast enhanced CT chest study. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior CT chest dated 19 August 2016 was reviewed. Interval development of extensive consolidation in both lungs, with a mixture of peribronchial and subpleural distribution. There is near complete hepatisation of the left lower lobe, with a low attenuation, suggestive of further tumour involvement. The right pleural effusion shows interval worsening, now moderate to large in size. The left loculated pleural effusion with pleural thickening and internal septa appears largely unchanged in dimensions. Stable reduction in the left lung volume is likely from known pleural disease in the left lower thorax. The heart is not enlarged. No pericardial effusion. Interval insertion of a metallic distal oesophageal stent. There is significant proximal segment dilatation with retention of food debris. The appended abdomen shows hepatic steatosis and a small amount of ascites. No destructive bony lesion. CONCLUSION 1. Extensive bilateral lung consolidation is seen, with interval worsening of right pleural effusion. Most likely progression of underlying malignancy. 2. Interval insertion of a metallic distal oesophageal stent. There is still proximal oesophageal dilatation with food debris. May need further action Finalised by: <DOCTOR>

Accession Number: e9987bab4830f7ad53a27c398e823617ed129b1e1d1d41d8be120b6da643ae57

Updated Date Time: 10/11/2016 10:54

## Layman Explanation

This radiology report discusses HISTORY progressive SOB over last week met nsclc currently on azd9291, egfr 19+/T790M+ TECHNIQUE Contrast enhanced CT chest study. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior CT chest dated 19 August 2016 was reviewed. Interval development of extensive consolidation in both lungs, with a mixture of peribronchial and subpleural distribution. There is near complete hepatisation of the left lower lobe, with a low attenuation, suggestive of further tumour involvement. The right pleural effusion shows interval worsening, now moderate to large in size. The left loculated pleural effusion with pleural thickening and internal septa appears largely unchanged in dimensions. Stable reduction in the left lung volume is likely from known pleural disease in the left lower thorax. The heart is not enlarged. No pericardial effusion. Interval insertion of a metallic distal oesophageal stent. There is significant proximal segment dilatation with retention of food debris. The appended abdomen shows hepatic steatosis and a small amount of ascites. No destructive bony lesion. CONCLUSION 1. Extensive bilateral lung consolidation is seen, with interval worsening of right pleural effusion. Most likely progression of underlying malignancy. 2. Interval insertion of a metallic distal oesophageal stent. There is still proximal oesophageal dilatation with food debris. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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