# Row 6728

Visit Number: f63c92653ae51eca2595a1e30b5f0cbd3d36ebbc58fbfcb79d92573248dd4dc0

Masked\_PatientID: 6728

Order ID: 70166bf7cfd1288bb06da51ce34725f1965625de7d4ec24d3fdd186b052a9e19

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 02/1/2015 22:44

Line Num: 1

Text: HISTORY TRO pulmonary embolism P/w haemoptysis and SOB U/L bladder ca with lung mets. TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS The prior CT abdomen and pelvis dated 13/11/2014 and CT chest/abdomen/pelvis dated 15/10/2014 were reviewed. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is normal in size. No pericardial effusion or features of right heart strain are seen. No significantly enlarged mediastinal or hilar lymph nodes are detected. The lungs show multiple scattered nodules consistent with metastases, all of which have shown interval increase in size compared to the previous study of 15/10/2014. The largest nodule in the right lung in the middle lobe now measures 2.6 x 1.7 cm compared to 1.8 x 1.5 cm previously (15/10/2014); it is closely related to the segmental bronchus and artery to the medial segment of the middle lobe. The largest nodule in the left lungin the lower lobe now measures 2.9 x 2.3 cm compared to 1.2 x 1.7 cm previously (13/11/2014), with subsegmental atelectasis of the left lower lobe anteromedial segment, probably due to extrinsic compression leading to airway occlusion. No pleural effusion is seen. The included liver shows no discernible lesion. The gallbladder and spleen and appear grossly unremarkable. Stable 1.0 cm hypodense lesion in the neck of the pancreas is vaguely seen on this phase of the scan. There is interval demonstration of a 2.0 x 1.5 cm soft tissue density nodule which appears to abut the lateral limb of the left adrenal gland, that is difficult to characterise further on this arterial phase. Bilateral partially included kidneys redemonstrate multiple cysts suggesting polycystic kidneys. Mild ascites is noted. No destructive bony process is seen. Stable sclerotic focus in the right 10th rib likely due to old fracture. CONCLUSION 1. No pulmonary embolism is detected. 2. Interval increase in size of bilateral pulmonary metastases compared to the prior CT abdomen/pelvis of 13/11/2014 and CT chest/abdomen/pelvis of 15/10/2014. Interval development of segmental atelectasis of the left lower lobe which may be dueto extrinsic mass effect on the segmental airway by an adjacent metastasis. 3. Interval demonstration since the prior CT dated 13/11/2014 of a soft tissue density lesion measuring 2.0x1.5cm abuting the lateral limb of the left adrenal gland, difficult to characterise but constitutes a suspicious finding. Attention on follow-up is suggested, with impression of metastasis as the concern. 4. Stable small nonspecific cystic lesion in the neck of the pancreas. May need further action Finalised by: <DOCTOR>

Accession Number: f4e5a8720d96b04e219b8886a10eed200c00c3550be7d30fa346971fa28f7160

Updated Date Time: 02/1/2015 23:36

## Layman Explanation

This radiology report discusses HISTORY TRO pulmonary embolism P/w haemoptysis and SOB U/L bladder ca with lung mets. TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS The prior CT abdomen and pelvis dated 13/11/2014 and CT chest/abdomen/pelvis dated 15/10/2014 were reviewed. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. The heart is normal in size. No pericardial effusion or features of right heart strain are seen. No significantly enlarged mediastinal or hilar lymph nodes are detected. The lungs show multiple scattered nodules consistent with metastases, all of which have shown interval increase in size compared to the previous study of 15/10/2014. The largest nodule in the right lung in the middle lobe now measures 2.6 x 1.7 cm compared to 1.8 x 1.5 cm previously (15/10/2014); it is closely related to the segmental bronchus and artery to the medial segment of the middle lobe. The largest nodule in the left lungin the lower lobe now measures 2.9 x 2.3 cm compared to 1.2 x 1.7 cm previously (13/11/2014), with subsegmental atelectasis of the left lower lobe anteromedial segment, probably due to extrinsic compression leading to airway occlusion. No pleural effusion is seen. The included liver shows no discernible lesion. The gallbladder and spleen and appear grossly unremarkable. Stable 1.0 cm hypodense lesion in the neck of the pancreas is vaguely seen on this phase of the scan. There is interval demonstration of a 2.0 x 1.5 cm soft tissue density nodule which appears to abut the lateral limb of the left adrenal gland, that is difficult to characterise further on this arterial phase. Bilateral partially included kidneys redemonstrate multiple cysts suggesting polycystic kidneys. Mild ascites is noted. No destructive bony process is seen. Stable sclerotic focus in the right 10th rib likely due to old fracture. CONCLUSION 1. No pulmonary embolism is detected. 2. Interval increase in size of bilateral pulmonary metastases compared to the prior CT abdomen/pelvis of 13/11/2014 and CT chest/abdomen/pelvis of 15/10/2014. Interval development of segmental atelectasis of the left lower lobe which may be dueto extrinsic mass effect on the segmental airway by an adjacent metastasis. 3. Interval demonstration since the prior CT dated 13/11/2014 of a soft tissue density lesion measuring 2.0x1.5cm abuting the lateral limb of the left adrenal gland, difficult to characterise but constitutes a suspicious finding. Attention on follow-up is suggested, with impression of metastasis as the concern. 4. Stable small nonspecific cystic lesion in the neck of the pancreas. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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