# Row 71

Visit Number: 6ca23dade0899c260710a5926107bccf1cfd1ca064fb927f60874d48990a8d03

Masked\_PatientID: 69

Order ID: ab01bd480c417846bf899a1df106933d04702554c73dfe08b3eb084f4c82a30e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/7/2016 17:54

Line Num: 1

Text: HISTORY Stage 3B adenosquamous CA on trial drug presenting with AMS and acute SOB/hypotension TRO drug induced pneumonitis - also for restaging on trial drug TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The previous CT dated 06/06/2016 is noted. THORAX The hypodensity where the right pulmonary vein enters the left atrium is again seen (5/52). It is largely stable and suspicious for a thrombus. The heart is enlarged. No prominent filling defect within the pulmonary arterial branches is detected. There is no pericardial effusion. There is a stable enlarged right supraclavicular lymph node. New enlarged mediastinal lymph nodes are also detected. For instance, in the prevascular station, the lymph node has a short axis of 1.0 cm (5/28). The lymph nodes in the lower paratracheal stations are also enlarged. No new enlarged hilar lymph nodes is seen. Interval prominence of soft tissue nodules in the anterior mediastinum is nonspecific for a tiny lymph nodes or thymic hyperplasia. Taking into account the slightly positional differences, the right lower lobe pulmonary mass is relatively stable at 3. 2 x 3.2 cm. No new pulmonary nodule is detected. Subpleural lines are seen. Subsegmental atelectasis is seen in the dependent part of the right lower lobe adjacent to the new small right pleural effusion. ABDOMEN AND PELVIS Generalised hypoattenuation of the liver suggestive of hepatic steatosis. The gallbladder contains calculi and it has a very oedematous wall. No significant pericholecystic stranding is detected. There is scarring in bilateral kidneys, which are otherwise unremarkable. The spleen, pancreas, adrenal glands and bowel appear unremarkable. The uterus and ovaries are not detected, possible related to previous surgery. Subcutaneous hyperdensities in the anterior abdominal wall are smaller are likely related to injections. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Non-specific, small amount of free intraperitoneal fluid may be physiological. The bones appear unremarkable. CONCLUSION Since 06/06/2016: - New enlarged mediastinal lymph nodes and a stable enlarged right supraclavicular lymph node. - The right lower lobe irregular pulmonary mass that extends to the right hilum is suspicious for malignancy and is relatively unchanged in size. No new suspicious pulmonary lesion is detected. - New right small pleural effusion. - The gallbladder contains calculi and is wall is very oedematous though there is no pericholecystic stranding. This is nonspecific. - Thrombus where the right pulmonary vein enters the left atrium appears unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: 6c6913a55701b22c6acf993d336a2e79fa0944ff09b6339f1b1f153a7be400a0

Updated Date Time: 22/7/2016 19:04

## Layman Explanation

This radiology report discusses HISTORY Stage 3B adenosquamous CA on trial drug presenting with AMS and acute SOB/hypotension TRO drug induced pneumonitis - also for restaging on trial drug TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The previous CT dated 06/06/2016 is noted. THORAX The hypodensity where the right pulmonary vein enters the left atrium is again seen (5/52). It is largely stable and suspicious for a thrombus. The heart is enlarged. No prominent filling defect within the pulmonary arterial branches is detected. There is no pericardial effusion. There is a stable enlarged right supraclavicular lymph node. New enlarged mediastinal lymph nodes are also detected. For instance, in the prevascular station, the lymph node has a short axis of 1.0 cm (5/28). The lymph nodes in the lower paratracheal stations are also enlarged. No new enlarged hilar lymph nodes is seen. Interval prominence of soft tissue nodules in the anterior mediastinum is nonspecific for a tiny lymph nodes or thymic hyperplasia. Taking into account the slightly positional differences, the right lower lobe pulmonary mass is relatively stable at 3. 2 x 3.2 cm. No new pulmonary nodule is detected. Subpleural lines are seen. Subsegmental atelectasis is seen in the dependent part of the right lower lobe adjacent to the new small right pleural effusion. ABDOMEN AND PELVIS Generalised hypoattenuation of the liver suggestive of hepatic steatosis. The gallbladder contains calculi and it has a very oedematous wall. No significant pericholecystic stranding is detected. There is scarring in bilateral kidneys, which are otherwise unremarkable. The spleen, pancreas, adrenal glands and bowel appear unremarkable. The uterus and ovaries are not detected, possible related to previous surgery. Subcutaneous hyperdensities in the anterior abdominal wall are smaller are likely related to injections. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Non-specific, small amount of free intraperitoneal fluid may be physiological. The bones appear unremarkable. CONCLUSION Since 06/06/2016: - New enlarged mediastinal lymph nodes and a stable enlarged right supraclavicular lymph node. - The right lower lobe irregular pulmonary mass that extends to the right hilum is suspicious for malignancy and is relatively unchanged in size. No new suspicious pulmonary lesion is detected. - New right small pleural effusion. - The gallbladder contains calculi and is wall is very oedematous though there is no pericholecystic stranding. This is nonspecific. - Thrombus where the right pulmonary vein enters the left atrium appears unchanged. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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