# Row 7161

Visit Number: b0a20eaf537f3629688298f8e9e7e40ad08d4fa33ab2f237f440097b1c76a082

Masked\_PatientID: 7161

Order ID: 2ae860d6f8697e266f6ed35d98ed5e11fafcefac87ab3aed52ff4823e132379f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 05/7/2017 17:20

Line Num: 1

Text: HISTORY community acquired pneumonia, loss of appetite, loss of weight, cachectic. ?underlying malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is a cavitating mass in the left upper lobe with thickened irregular wall demonstrating enhancement. It is inseparable from the mediastinum and suspicious for mediastinal invasion. There is soft tissue attenuation in the prevascular region,suspicious for tumour or adenopathy. Enhancing soft tissue in the left hilar region is suspicious for left hilar adenopathy. There is suspicion of tumour involvement of the left upper lobe pulmonary vein, with resultant thrombus formationwithin the left atrium (402-45). Left pleural effusion is present with compressive atelectasis in the left lower lobe. A left lower lobe granuloma is noted. A small left supraclavicular lymph node measuring 1.2 x 1 cm is noted (402-9). There is no significant right pleural effusion. Atelectasis is noted in the right lung. There are several hypodense lesions in both lobes of the liver which represent cysts. No discrete rim enhancing hepatic mass. No biliary dilatation. The gallbladder is not visualised. No gross abnormality in the spleen or pancreas. No adrenal mass. There is no hydronephrosis or solid renal mass. No overtly enlarged abdominal or pelvic lymph node. There is small amount of free fluid in the pelvis. A tubular fluid-filled structure in the left adnexa may represent hydrosalpinx (601-88). No gross abnormality in the urinary bladder or uterus. The bowel loops are of normal calibre. The bones are markedly osteopenic. Several vertebral compression fractures are noted, likely related to osteoporosis. CONCLUSION Thick wall irregular mass with enhancing nodularity in the wall of the cavity is suspicious for primary lung malignancy in the left upper lobe. There is enhancing soft tissue in the anterior mediastinum, prevascular region suspicious for tumour invasion of the mediastinum or adenopathy. Left hilar enhancing nodules, suspicious for adenopathy. There is suspicion of tumour invasion into the left upper lobe pulmonary vein with resultant thrombus within the left atrium. Left pleural effusion is noted. No discrete nodule in the right lung. There is a small indeterminate left supraclavicular lymph node. No adrenal or suspicious hepatic mass. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 08d1706bf148cb98675e35f4a81b89b348b72ad5b5ae25c94cf4f73a348d13d8

Updated Date Time: 05/7/2017 17:44

## Layman Explanation

This radiology report discusses HISTORY community acquired pneumonia, loss of appetite, loss of weight, cachectic. ?underlying malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS There is a cavitating mass in the left upper lobe with thickened irregular wall demonstrating enhancement. It is inseparable from the mediastinum and suspicious for mediastinal invasion. There is soft tissue attenuation in the prevascular region,suspicious for tumour or adenopathy. Enhancing soft tissue in the left hilar region is suspicious for left hilar adenopathy. There is suspicion of tumour involvement of the left upper lobe pulmonary vein, with resultant thrombus formationwithin the left atrium (402-45). Left pleural effusion is present with compressive atelectasis in the left lower lobe. A left lower lobe granuloma is noted. A small left supraclavicular lymph node measuring 1.2 x 1 cm is noted (402-9). There is no significant right pleural effusion. Atelectasis is noted in the right lung. There are several hypodense lesions in both lobes of the liver which represent cysts. No discrete rim enhancing hepatic mass. No biliary dilatation. The gallbladder is not visualised. No gross abnormality in the spleen or pancreas. No adrenal mass. There is no hydronephrosis or solid renal mass. No overtly enlarged abdominal or pelvic lymph node. There is small amount of free fluid in the pelvis. A tubular fluid-filled structure in the left adnexa may represent hydrosalpinx (601-88). No gross abnormality in the urinary bladder or uterus. The bowel loops are of normal calibre. The bones are markedly osteopenic. Several vertebral compression fractures are noted, likely related to osteoporosis. CONCLUSION Thick wall irregular mass with enhancing nodularity in the wall of the cavity is suspicious for primary lung malignancy in the left upper lobe. There is enhancing soft tissue in the anterior mediastinum, prevascular region suspicious for tumour invasion of the mediastinum or adenopathy. Left hilar enhancing nodules, suspicious for adenopathy. There is suspicion of tumour invasion into the left upper lobe pulmonary vein with resultant thrombus within the left atrium. Left pleural effusion is noted. No discrete nodule in the right lung. There is a small indeterminate left supraclavicular lymph node. No adrenal or suspicious hepatic mass. 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.