# Row 8374

Visit Number: 72285a4a33924d41217969c6c8377686dc4bc61b5ba6b5533cac079efcd1d84e

Masked\_PatientID: 8373

Order ID: 356bba98136848b966046abd50a8929d11f9939fa7b5a6764897012507f53ef0

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 15/12/2016 12:31

Line Num: 1

Text: HISTORY T2N1M0 bilateral breast Ca, s/p mastectomy, bilateral; now presenting with left shoulder pain, high risk disease TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of 1/8/2015. Status post bilateral mastectomy and axillary clearance. New soft tissue thickening in the surgical bed and and axillary regions could represent post-treatment change if there has been interval radiation therapy. There are new subcutaneous nodules anterior to the segment process, measuring up to 2.2 x 1.5 cm (402-51), suspicious for metastases. New enlarged subcarinal node. Left internal mammary node is larger, now measuring 1.2 x 0.6 cm (current 402-19 v 401-29) suspicious for nodal metastasis. There also new, borderline enlarged anterior paracardiac nodes, measuring up to 7 mm short axis (402-48). A 9 x 5mm subpleural nodule in the posterior right lower lobe is suspicious for a metastasis (401-60). Stable small calcified granulomas in the left lower lobe. Heart is enlarged. No pleural or pericardial effusions seen. There is a new 2.6 x 2.0 cmright adrenal nodule, suspicious for metastasis Calcified gallstone in the gallbladder. Biliary tree is not dilated. No focal lesion is seen in the liver or spleen. stable bilateral renal cysts and small hypodensities which are too small to characterise. There is no hydronephrosis. There are couple of new soft tissue density nodules seen at the pancreatic tail and splenic hilum, suspicious for peritoneal metastases. (E.g. 501-32). Multiple new enlarged retroperitoneal, bilateral common iliac, left external iliac nodes, suspicious for metastatic nodes. Largest on the left external iliac node, measuring 0.8 cm in short axis. There are also multiple prominent to borderline enlarged superior mesenteric nodes, with mesenteric fat stranding, indeterminate. The uterus and ovaries appear grossly normal. The urinary bladder is suboptimally distended, limiting assessment. The bowel loops are not dilated. New sclerosis of the left medial clavicle, suspicious for bony metastasis. Stable dense sclerotic focus in the right seventh rib, nonspecific. Stable mild compression fracture of L5. . CONCLUSION 1. Status post bilateral SMAC, new soft tissue thickening in the axillary regions and at the surgical bed bilaterally are indeterminate for recurrent disease versus post-treatment changes. Kindly correlate with history of interval radiation therapy. 2. Posterior right lower lobe nodule, suspicious for metastasis. 3. New right adrenal metastasis. 4. New soft tissue nodules at the pancreatic tail and splenic hilum, suspicious for peritoneal metastases. New subcutaneous nodules anterior to the xiphoid process, suspicious for metastases. 5. New enlarged subcarinal node, largerleft internal mammary node. New extensive retroperitoneal, bilateral iliac adenopathy. these are suspicious for nodal metastases. Indeterminate mesenteric and paracardiac nodes. 6. New sclerotic metastasis in the medial left clavicle. May need further action Finalised by: <DOCTOR>

Accession Number: 047d2883a98d1b82d6c20b665964daf9b0a2556910c72d6126d83aca798fed9d

Updated Date Time: 15/12/2016 14:41

## Layman Explanation

This radiology report discusses HISTORY T2N1M0 bilateral breast Ca, s/p mastectomy, bilateral; now presenting with left shoulder pain, high risk disease TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with the CT scan of 1/8/2015. Status post bilateral mastectomy and axillary clearance. New soft tissue thickening in the surgical bed and and axillary regions could represent post-treatment change if there has been interval radiation therapy. There are new subcutaneous nodules anterior to the segment process, measuring up to 2.2 x 1.5 cm (402-51), suspicious for metastases. New enlarged subcarinal node. Left internal mammary node is larger, now measuring 1.2 x 0.6 cm (current 402-19 v 401-29) suspicious for nodal metastasis. There also new, borderline enlarged anterior paracardiac nodes, measuring up to 7 mm short axis (402-48). A 9 x 5mm subpleural nodule in the posterior right lower lobe is suspicious for a metastasis (401-60). Stable small calcified granulomas in the left lower lobe. Heart is enlarged. No pleural or pericardial effusions seen. There is a new 2.6 x 2.0 cmright adrenal nodule, suspicious for metastasis Calcified gallstone in the gallbladder. Biliary tree is not dilated. No focal lesion is seen in the liver or spleen. stable bilateral renal cysts and small hypodensities which are too small to characterise. There is no hydronephrosis. There are couple of new soft tissue density nodules seen at the pancreatic tail and splenic hilum, suspicious for peritoneal metastases. (E.g. 501-32). Multiple new enlarged retroperitoneal, bilateral common iliac, left external iliac nodes, suspicious for metastatic nodes. Largest on the left external iliac node, measuring 0.8 cm in short axis. There are also multiple prominent to borderline enlarged superior mesenteric nodes, with mesenteric fat stranding, indeterminate. The uterus and ovaries appear grossly normal. The urinary bladder is suboptimally distended, limiting assessment. The bowel loops are not dilated. New sclerosis of the left medial clavicle, suspicious for bony metastasis. Stable dense sclerotic focus in the right seventh rib, nonspecific. Stable mild compression fracture of L5. . CONCLUSION 1. Status post bilateral SMAC, new soft tissue thickening in the axillary regions and at the surgical bed bilaterally are indeterminate for recurrent disease versus post-treatment changes. Kindly correlate with history of interval radiation therapy. 2. Posterior right lower lobe nodule, suspicious for metastasis. 3. New right adrenal metastasis. 4. New soft tissue nodules at the pancreatic tail and splenic hilum, suspicious for peritoneal metastases. New subcutaneous nodules anterior to the xiphoid process, suspicious for metastases. 5. New enlarged subcarinal node, largerleft internal mammary node. New extensive retroperitoneal, bilateral iliac adenopathy. these are suspicious for nodal metastases. Indeterminate mesenteric and paracardiac nodes. 6. New sclerotic metastasis in the medial left clavicle. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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