# Row 8522

Visit Number: 6a7eb4520bc5fc13c1d5d02146d263e938f51bbd4c43ad2dbd52d367acb9ee12

Masked\_PatientID: 8521

Order ID: ca5d7f8a4b45be6da09e1bf024d31f2be3d013435ab28901779b4af6dff48392

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 27/10/2015 16:59

Line Num: 1

Text: HISTORY EXTENDED STAGE SCLC. Fever, tacy, SOB -TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS CT dated 02/10/2015 was reviewed. The timing of thecurrent scan is slightly delayed and there are motion artefacts. Hence, only the larger pulmonary arteries (down to lobar and limited segmental arteries) can be assessed. Some segmental arteries and almost all the subsegmental arteries cannot be assessed. No large pulmonary embolus is seen. There is interim increase in the left pleural effusion which is now moderate in amount. Associated compressive atelectasis in the left lower lobe is present. A pleural-based nodule in the left upper anterior hemithorax is significantly larger, previously 4 x 4 mm (4/39) and now 2.6 x 1.4 cm (4/23). In addition more inferiorly in the left hemithorax, at least one other pleural deposit appears larger (4/81, previous 2/52). The leftlower lobe pulmonary lesion is once again seen but comparison for size differences can be difficult as the distal lung is now atelectatic/consolidated. This lung lesion abuts the mediastinum. The right lung is unremarkable. Stable small volume left anterior diaphragmatic lymph node is noted. The tip of the right PICC is at the right atrium. There is no pericardial effusion. Located between the left eighth and ninth ribs is a vague nodule in the intercostal muscles (4/90). Thisremains stable from 02/10/2015 CT but is new from 24/08/2015 CT. Hence, it is suspicious for metastatic focus. Bilateral adrenal glands are diffusely thickened. The medial limb of the right adrenal gland is thicker than before (4/83, previous 2/58). The rest of the adrenal glands are relatively stable in size. There are faintly sclerotic bony lesions seen in the bones, possibly metastatic. CONCLUSION No large pulmonary embolus is seen. The smaller calibre pulmonary arteriescannot be assessed. The left lower lobe pulmonary lesion is again seen but comparison for size change is difficult. A few left pleural deposits are larger; increased left pleural effusion. Stable metastasis in the intercostal muscles between the left eighth and ninth ribs. Diffuse nodular thickening of bilateral adrenal glands, worse at the right medial limb. These raise concern for adrenal metastases. May need further action Finalised by: <DOCTOR>

Accession Number: 1b32201c2291b464bf2a2356cddc16426dda1db68d5c2ef73dfe71750ed5ad25

Updated Date Time: 27/10/2015 18:33

## Layman Explanation

This radiology report discusses HISTORY EXTENDED STAGE SCLC. Fever, tacy, SOB -TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS CT dated 02/10/2015 was reviewed. The timing of thecurrent scan is slightly delayed and there are motion artefacts. Hence, only the larger pulmonary arteries (down to lobar and limited segmental arteries) can be assessed. Some segmental arteries and almost all the subsegmental arteries cannot be assessed. No large pulmonary embolus is seen. There is interim increase in the left pleural effusion which is now moderate in amount. Associated compressive atelectasis in the left lower lobe is present. A pleural-based nodule in the left upper anterior hemithorax is significantly larger, previously 4 x 4 mm (4/39) and now 2.6 x 1.4 cm (4/23). In addition more inferiorly in the left hemithorax, at least one other pleural deposit appears larger (4/81, previous 2/52). The leftlower lobe pulmonary lesion is once again seen but comparison for size differences can be difficult as the distal lung is now atelectatic/consolidated. This lung lesion abuts the mediastinum. The right lung is unremarkable. Stable small volume left anterior diaphragmatic lymph node is noted. The tip of the right PICC is at the right atrium. There is no pericardial effusion. Located between the left eighth and ninth ribs is a vague nodule in the intercostal muscles (4/90). Thisremains stable from 02/10/2015 CT but is new from 24/08/2015 CT. Hence, it is suspicious for metastatic focus. Bilateral adrenal glands are diffusely thickened. The medial limb of the right adrenal gland is thicker than before (4/83, previous 2/58). The rest of the adrenal glands are relatively stable in size. There are faintly sclerotic bony lesions seen in the bones, possibly metastatic. CONCLUSION No large pulmonary embolus is seen. The smaller calibre pulmonary arteriescannot be assessed. The left lower lobe pulmonary lesion is again seen but comparison for size change is difficult. A few left pleural deposits are larger; increased left pleural effusion. Stable metastasis in the intercostal muscles between the left eighth and ninth ribs. Diffuse nodular thickening of bilateral adrenal glands, worse at the right medial limb. These raise concern for adrenal metastases. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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