# Row 9144

Visit Number: ca8222b8d8c8faba9bce65faafa608acbdb2b2db97c4447df9f5771307583ba7

Masked\_PatientID: 9144

Order ID: 759ac07c5c34470b33f038c90e23a0a1bcc134d1f4f03c3a1653388a4807a5f5

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/12/2016 19:53

Line Num: 1

Text: HISTORY Right UL collapse consolidation with stridorous breathing and facial swelling; for Ix TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR of 12.12.16. There is soft tissue mass occupying the right side of mediastinum, right para- tear, carina, subcarina, right hilum region. There are minimal enlarged nodes in the left hilar area. Themass in the right paratracheal area has compressed or invaded the mid-portion of superior vena cava. There is encasement and narrowing of the right proximal bronchus and narrowing of the lower trachea. A few collateral vessels in the mediastinum, there is irregularity at the left upper pulmonary vein may be due to compression or invasion by the mass. The right upper lobe is collapsed due to compression. There are several small nodules in the right lung suspicious for pulmonary secondaries. There are no nodular lesions seen in the left lung. No pleural effusion or pneumothorax is seen in both lungs. The heart is normal in size. A pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase show variegated enhancement of the liver as a result of the altered haemodynamics in the chest. No gross focal mass lesion is seen in the liver, spleen, adrenals and upper kidneys. No destructive bony process is seen. CONCLUSION Large mass lesions in the mediastinum, right paratracheal, hilar, carinal region. There is compression of the superior vena cava, lower trachea and right bronchus with resultant collapse of the right upper lobe. Nodules in right lung suspicious for secondaries. These mass lesions are likely due to enlarged lymph nodes of malignancy eg lung tumour or lymphoma. A small pericardial effusion is present. May need further action Finalised by: <DOCTOR>

Accession Number: bdbc5cfb27ef43a999630ff937973c6518028a04118cdb89e39b3c4b906777b0

Updated Date Time: 14/12/2016 9:19

## Layman Explanation

This radiology report discusses HISTORY Right UL collapse consolidation with stridorous breathing and facial swelling; for Ix TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR of 12.12.16. There is soft tissue mass occupying the right side of mediastinum, right para- tear, carina, subcarina, right hilum region. There are minimal enlarged nodes in the left hilar area. Themass in the right paratracheal area has compressed or invaded the mid-portion of superior vena cava. There is encasement and narrowing of the right proximal bronchus and narrowing of the lower trachea. A few collateral vessels in the mediastinum, there is irregularity at the left upper pulmonary vein may be due to compression or invasion by the mass. The right upper lobe is collapsed due to compression. There are several small nodules in the right lung suspicious for pulmonary secondaries. There are no nodular lesions seen in the left lung. No pleural effusion or pneumothorax is seen in both lungs. The heart is normal in size. A pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase show variegated enhancement of the liver as a result of the altered haemodynamics in the chest. No gross focal mass lesion is seen in the liver, spleen, adrenals and upper kidneys. No destructive bony process is seen. CONCLUSION Large mass lesions in the mediastinum, right paratracheal, hilar, carinal region. There is compression of the superior vena cava, lower trachea and right bronchus with resultant collapse of the right upper lobe. Nodules in right lung suspicious for secondaries. These mass lesions are likely due to enlarged lymph nodes of malignancy eg lung tumour or lymphoma. A small pericardial effusion is present. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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