# Row 9146

Visit Number: 5dc3fce559ae8a776fd097611ec0ce1d5722609067ef378c48e429c415e49731

Masked\_PatientID: 9144

Order ID: 29c3db9e327be7bb8b071a16131001879dd2523c8e64db24fc9ecf53fa223478

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 24/2/2017 11:46

Line Num: 1

Text: HISTORY Mets NSCLC on Brigatinib Clinically worsening SVCO For restaging scans TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS CT chest, abdomen and pelvis done on 5 January 2017 was reviewed. There has been insertion of bilateral chest drains in the interim. There is moderate sized right hydropneumothorax and small left hydropneumothorax. Development of sizeable pericardial effusion is seen measuring 2.8 cm in the maximum thickness. Previously seen conglommerate right perhilar- mediastinal mass has significantly reduced in size (current se 3/24 vs previous se 2/22). Soft tissue causing obstruction of the right upper lobe bronchus previously has also improved. There is resultant improved aeration of the left upper lobe with some atelectasis in the perihilar region. Collapse-consolidation in the right lower lobe in the perihilar region is unchanged. New atelectatic areas areseen in both lungs. Few patchy areas of ground-glass opacification are also seen scattered in both lungs. Previously seen thrombus in the bilateral brachiocephalic veins has resolved. However, there is complete occlusion/ compression of the confluence of the bilateral brachiocephalic veins and the SVC, unchanged from before. Prominent collaterals are seen in the anterior chest wall and abdominal wall, likely related to SVC thrombosis. Previously seen pulmonary nodules in the right lung are not appreciated in the current study. Stable calcified granuloma is seen in the right lower lobe. The liver shows no suspicious focal lesion. The gallbladder is unremarkable with no gallstone seen. The CBD is normal in calibre. The spleen, bilateral kidneys, adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre and distribution. No ascites or abdominopelvic lymphadenopathy is seen. Sclerotic focus is again seen in the T7 vertebral body. This was not seen in the CT chest done on 13 December 2016 and is suspicious for metastasis. Few other small sclerotic foci are also noted in L2, L5, T10 and L1 vertebrae are also suspicious. CONCLUSION Since 5/1/2017, 1. There has been insertion of bilateral chest drains. Moderate sized right hydropneumothorax is seen, grossly unchanged. There is development of new left small hydropneumothorax. 2. There is development of sizeable pericardial effusion. (The significant findingswere communicated to Dr Sheryl Banta by Dr Gita on 24/2/2017 at 12.30pm.) 3. There is improvement in the right perhilar- mediastinal mass with improved aeration of the right upper lobe. Previously seen pulmonary nodules are not appreciated in the current study. 4. There is improvement in the thrombus in the bilateral brachiocephalic veins with stable complete occlusion/ compression of the SVC. 5. Multiple sclerotic foci in the vertebral bodies are suspicious for metastases and show interval progression. Further action or early intervention required Karande Gita Yashwantrao , Resident , 19633I Finalised by: <DOCTOR>

Accession Number: 32a1404e8ff247db884257c8a0b7c8cdbccc21ec9432f10af688b60ced6f5ff9

Updated Date Time: 24/2/2017 12:55

## Layman Explanation

This radiology report discusses HISTORY Mets NSCLC on Brigatinib Clinically worsening SVCO For restaging scans TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS CT chest, abdomen and pelvis done on 5 January 2017 was reviewed. There has been insertion of bilateral chest drains in the interim. There is moderate sized right hydropneumothorax and small left hydropneumothorax. Development of sizeable pericardial effusion is seen measuring 2.8 cm in the maximum thickness. Previously seen conglommerate right perhilar- mediastinal mass has significantly reduced in size (current se 3/24 vs previous se 2/22). Soft tissue causing obstruction of the right upper lobe bronchus previously has also improved. There is resultant improved aeration of the left upper lobe with some atelectasis in the perihilar region. Collapse-consolidation in the right lower lobe in the perihilar region is unchanged. New atelectatic areas areseen in both lungs. Few patchy areas of ground-glass opacification are also seen scattered in both lungs. Previously seen thrombus in the bilateral brachiocephalic veins has resolved. However, there is complete occlusion/ compression of the confluence of the bilateral brachiocephalic veins and the SVC, unchanged from before. Prominent collaterals are seen in the anterior chest wall and abdominal wall, likely related to SVC thrombosis. Previously seen pulmonary nodules in the right lung are not appreciated in the current study. Stable calcified granuloma is seen in the right lower lobe. The liver shows no suspicious focal lesion. The gallbladder is unremarkable with no gallstone seen. The CBD is normal in calibre. The spleen, bilateral kidneys, adrenal glands and pancreas are unremarkable. The bowel loops are normal in calibre and distribution. No ascites or abdominopelvic lymphadenopathy is seen. Sclerotic focus is again seen in the T7 vertebral body. This was not seen in the CT chest done on 13 December 2016 and is suspicious for metastasis. Few other small sclerotic foci are also noted in L2, L5, T10 and L1 vertebrae are also suspicious. CONCLUSION Since 5/1/2017, 1. There has been insertion of bilateral chest drains. Moderate sized right hydropneumothorax is seen, grossly unchanged. There is development of new left small hydropneumothorax. 2. There is development of sizeable pericardial effusion. (The significant findingswere communicated to Dr Sheryl Banta by Dr Gita on 24/2/2017 at 12.30pm.) 3. There is improvement in the right perhilar- mediastinal mass with improved aeration of the right upper lobe. Previously seen pulmonary nodules are not appreciated in the current study. 4. There is improvement in the thrombus in the bilateral brachiocephalic veins with stable complete occlusion/ compression of the SVC. 5. Multiple sclerotic foci in the vertebral bodies are suspicious for metastases and show interval progression. Further action or early intervention required Karande Gita Yashwantrao , Resident , 19633I Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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