# Row 2416

Visit Number: bf6afc892c80e0a4e1620c18312b909548d44fa03a3644eaed0d6ce3d6d11ff8

Masked\_PatientID: 2414

Order ID: b61d1d80c2d887c3be440a554ce39877f70d64d859ec07faea47a3d71caa9b09

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 16/1/2019 11:16

Line Num: 1

Text: HISTORY breathlessness and lot saturations with tachycardia background metastatic tonsilar SCC with bone mets and impending left femur fracture and immobility TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS The CXR of 13 Jan 2019 was reviewed. The tip of a left-sided port-a-cath is seen in the distal SVC. There is no central filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The heart is normal in size. A small pericardial effusion is seen. Ill-defined soft tissue is seen in the right hilar/perihilar region surrounding and attenuating the airways and vessels. There is severe narrowing of the lower SVC. There is narrowing of the right upper lobe bronchi and right bronchus intermedius (Img. 405-41), the right interlobar artery, proximalright middle and lower lobar pulmonary arteries. the right superior pulmonary vein is obliterated pulmonary vein as well as compression of the left superior pulmonary vein (Img. 402-53). This soft tissue is confluent with adjacent right hilarand mediastinal adenopathy as well as patchy consolidation-collapse in the right upper lobe. It extends to the tracheal bifurcation. There is complete collapse of the middle lobe with the middle lobe bronchi obliterated. . An enlarged left hilar node is noted (1.6 cm, Img. 402-42). Multiple pulmonary nodules suspicious for metastasis are seen in both lungs with the largest in the left lower lobe measuring 2.6 cm (Img. 401-66). Some of the nodules are closely related to the vessels, suspicious for intravascular metastases. Moderate sized bilateral pleural effusions are seen (R>L). with associated compressive atelectasis. There are enlarged , peri celiac and left gastric nodes in the upper abdomen. Focal Sclerosis is noted in the right 10th rib, indeterminate (Img. 402-16). CONCLUSION 1. No pulmonary embolism is noted. 2. Bilateral pulmonary nodules suspicious for metastases. 3. Ill-defined soft tissue is seen in the right hilar perihilar region confluent with right hilar and mediastinal adenopathy. It is surrounding and attenuating the central airways and vessels, with associated collapse of the middle lobe and moderate extensive collapse-consolidation of the right upper lobe. Thereis severe narrowing of the lower SVC. There is an enlarged left hilar node. These findings are likely also related to metastatic disease in the provided clinical context. 4. Bilateral moderate pleural effusions (R>L). No mediastinal shift. 5. Indeterminate sclerosis in the right 10th rib. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: befdbfc3597591210f715967fd41d8d6d7d5bdd0c7f5bf09660136e74976360b

Updated Date Time: 16/1/2019 15:28

## Layman Explanation

This radiology report discusses HISTORY breathlessness and lot saturations with tachycardia background metastatic tonsilar SCC with bone mets and impending left femur fracture and immobility TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS The CXR of 13 Jan 2019 was reviewed. The tip of a left-sided port-a-cath is seen in the distal SVC. There is no central filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The heart is normal in size. A small pericardial effusion is seen. Ill-defined soft tissue is seen in the right hilar/perihilar region surrounding and attenuating the airways and vessels. There is severe narrowing of the lower SVC. There is narrowing of the right upper lobe bronchi and right bronchus intermedius (Img. 405-41), the right interlobar artery, proximalright middle and lower lobar pulmonary arteries. the right superior pulmonary vein is obliterated pulmonary vein as well as compression of the left superior pulmonary vein (Img. 402-53). This soft tissue is confluent with adjacent right hilarand mediastinal adenopathy as well as patchy consolidation-collapse in the right upper lobe. It extends to the tracheal bifurcation. There is complete collapse of the middle lobe with the middle lobe bronchi obliterated. . An enlarged left hilar node is noted (1.6 cm, Img. 402-42). Multiple pulmonary nodules suspicious for metastasis are seen in both lungs with the largest in the left lower lobe measuring 2.6 cm (Img. 401-66). Some of the nodules are closely related to the vessels, suspicious for intravascular metastases. Moderate sized bilateral pleural effusions are seen (R>L). with associated compressive atelectasis. There are enlarged , peri celiac and left gastric nodes in the upper abdomen. Focal Sclerosis is noted in the right 10th rib, indeterminate (Img. 402-16). CONCLUSION 1. No pulmonary embolism is noted. 2. Bilateral pulmonary nodules suspicious for metastases. 3. Ill-defined soft tissue is seen in the right hilar perihilar region confluent with right hilar and mediastinal adenopathy. It is surrounding and attenuating the central airways and vessels, with associated collapse of the middle lobe and moderate extensive collapse-consolidation of the right upper lobe. Thereis severe narrowing of the lower SVC. There is an enlarged left hilar node. These findings are likely also related to metastatic disease in the provided clinical context. 4. Bilateral moderate pleural effusions (R>L). No mediastinal shift. 5. Indeterminate sclerosis in the right 10th rib. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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