# Row 258

Visit Number: fd735d1767c8a1137b985a1103dad24968ca60d04831313279c1da07b8c30734

Masked\_PatientID: 253

Order ID: a6a82f11944d9b397c5452d5f0e3dfb28d578476f86ccbff6f6ffe390b16631f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/3/2016 12:35

Line Num: 1

Text: HISTORY TRO SVCO - recently diagnosed stage 4 Sq cell Lung Ca TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 5 February 2016 done at NCC. There is evidence of superior vena cava obstruction, with a necrotic mass in the right lung that has severely compressed the SVC to a slit. The primary tumour is seen in the right upper lobe and shows no significant interval change, measuring 5.0 x 3.9 cm on series 201 image 41. It again severely compresses the right branch pulmonary artery. The pulmonary metastases to the left lung are slightly larger. For example, the largest metastasis measures 4.2 x 2.8 cm now (series 204 image 83) compared to 3.6 x 2.2 cm before (series 2 image 55). There is moderate centrilobular and paraseptal emphysema in the left lung, worse in the upper lobe. There is a large right pleural effusion, unchanged from before. There are enlarged lymph nodes in the right pulmonary hilum and right side of the mediastinum, unchanged from before. The largest node measures 3.9 x 3.6 cm and is located in the right lower paratracheal region of the mediastinum (series 201 image 33). Enlarged lymph nodes in the left supraclavicular region are unchanged, the largest node measuring 2.1 x 1.4 cm (series 201 image 4). There is abnormal sclerosis in the T3 vertebra, probably representing a metastasis. This appears to be newly identified. No pathological fracture is identified. No epidural component is seen to suggest cord compression. In the abdomen, the liver shows several subcentimetre hypodense lesions, unchanged from before and probably representing cysts. The biliary tree is mildly dilated but the CBD tapers normally to insert into the ampulla of Vater. This appears has not changed from the last CT. The patient is post-cholecystectomy. The spleen and adrenal glands are unremarkable. The pancreas again shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification from previous inflammation. The kidneys are unremarkable. There is no hydronephrosis. The bowel appears normal. In the pelvis, the urinary bladder and prostate gland are unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is no ascites. CONCLUSION There is evidence of SVC obstruction, with a necrotic mass in the right lung compressing the SVC to a slit. Compared to the last CT, the pulmonary metastases to the left lung are slightly larger and there is probably a new metastasis to the T3 vertebra. May need further action Finalised by: <DOCTOR>

Accession Number: 033bedde824b2cc10a6b604c821ffcaf72357f755d01f47f2e71d3b61af65432

Updated Date Time: 04/3/2016 14:12

## Layman Explanation

This radiology report discusses HISTORY TRO SVCO - recently diagnosed stage 4 Sq cell Lung Ca TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 5 February 2016 done at NCC. There is evidence of superior vena cava obstruction, with a necrotic mass in the right lung that has severely compressed the SVC to a slit. The primary tumour is seen in the right upper lobe and shows no significant interval change, measuring 5.0 x 3.9 cm on series 201 image 41. It again severely compresses the right branch pulmonary artery. The pulmonary metastases to the left lung are slightly larger. For example, the largest metastasis measures 4.2 x 2.8 cm now (series 204 image 83) compared to 3.6 x 2.2 cm before (series 2 image 55). There is moderate centrilobular and paraseptal emphysema in the left lung, worse in the upper lobe. There is a large right pleural effusion, unchanged from before. There are enlarged lymph nodes in the right pulmonary hilum and right side of the mediastinum, unchanged from before. The largest node measures 3.9 x 3.6 cm and is located in the right lower paratracheal region of the mediastinum (series 201 image 33). Enlarged lymph nodes in the left supraclavicular region are unchanged, the largest node measuring 2.1 x 1.4 cm (series 201 image 4). There is abnormal sclerosis in the T3 vertebra, probably representing a metastasis. This appears to be newly identified. No pathological fracture is identified. No epidural component is seen to suggest cord compression. In the abdomen, the liver shows several subcentimetre hypodense lesions, unchanged from before and probably representing cysts. The biliary tree is mildly dilated but the CBD tapers normally to insert into the ampulla of Vater. This appears has not changed from the last CT. The patient is post-cholecystectomy. The spleen and adrenal glands are unremarkable. The pancreas again shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification from previous inflammation. The kidneys are unremarkable. There is no hydronephrosis. The bowel appears normal. In the pelvis, the urinary bladder and prostate gland are unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is no ascites. CONCLUSION There is evidence of SVC obstruction, with a necrotic mass in the right lung compressing the SVC to a slit. Compared to the last CT, the pulmonary metastases to the left lung are slightly larger and there is probably a new metastasis to the T3 vertebra. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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