# Row 254

Visit Number: 4c701b81a4a6479d43d831062e30152ec56b9d8701571aff79a02a074afa0e3f

Masked\_PatientID: 253

Order ID: 982463ae5de581bd15803f5413b75e927001493748c4129fe06cb872a217bdf6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/12/2015 14:41

Line Num: 1

Text: HISTORY mets squmaous cell lung ca PD after #2 gem/carbo chemo break last month for restaging before starting 2nd line nivolumab TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque350 - Volume (ml): 75 FINDINGS Comparison is made with the CT of 7 November 2015 done at and CC. The primary tumour in the right pulmonary hilum is larger, now measures 4.9 x 4.1 cm (series 402 image 41) compared to 3.7 x 2.5 cm before (series 2 image 26). It has now obliterated the lobar pulmonary artery to the upper lobe. It again obliterates the upper lobe bronchus and has now obliterated the bronchus intermedius. The SVC is now severely compressed. There is extensive air-space consolidation in the right lung, probably representing post-obstructive pneumonia. A drainage catheter has been inserted to drain the right pleural effusion. The coiled end of the catheter is in the right costophrenic angle. A moderateamount of gas and a small amount of residual fluid is seen in the right pleural cavity. The pulmonary metastases to the left lung are larger. For example, the largest metastasis now measures 2.2 x 1.6 cm (series 401 image 81) compared to 1.3 x 1.1 cm before (series 4 image 99). This metastasis is located in the subpleural aspect of the left lower lobe. The scarring and nodules in the superior segment of the left lower lobe are unchanged. They are consistent with the sequela of previous pulmonary tuberculosis. There is moderate-to-severe centrilobular emphysema in the left lung. In the abdomen, the liver shows a tiny subcentimetre hypodense lesion in segment 7, unchanged from before and probably representing a cyst. The biliary tree is mildly dilated down to the level of the ampulla of Vater but the CBD tapers normally to insert into the ampulla. In this location, no calcified calculus or other abnormality is identified. The main pancreatic duct is also not dilated. The patient is probably post-cholecystectomy. The pancreas shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification. The spleen and adrenal glands are unremarkable. The kidneys are normal. There is no hydronephrosis. The bowel appears normal. No enlarged lymph node is seen in the retroperitoneum. No ascites is detected. No peritoneal nodule is identified. In the pelvis, the urinary bladder and prostate gland appear unremarkable. No skeletal metastasis is detected. CONCLUSION The primary tumour in the right lung is larger. The pulmonary metastases to the left lung are also larger. No abdominal or pelvic metastasis is identified although the biliary tree is now mildly dilated down to the ampulla of Vater, where no obstructing lesion is identified. May need further action Finalised by: <DOCTOR>

Accession Number: dd69ed6ae439c728b3bfc530760c823dda86861c875662e4351a8074941752d1

Updated Date Time: 09/12/2015 15:19

## Layman Explanation

This radiology report discusses HISTORY mets squmaous cell lung ca PD after #2 gem/carbo chemo break last month for restaging before starting 2nd line nivolumab TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque350 - Volume (ml): 75 FINDINGS Comparison is made with the CT of 7 November 2015 done at and CC. The primary tumour in the right pulmonary hilum is larger, now measures 4.9 x 4.1 cm (series 402 image 41) compared to 3.7 x 2.5 cm before (series 2 image 26). It has now obliterated the lobar pulmonary artery to the upper lobe. It again obliterates the upper lobe bronchus and has now obliterated the bronchus intermedius. The SVC is now severely compressed. There is extensive air-space consolidation in the right lung, probably representing post-obstructive pneumonia. A drainage catheter has been inserted to drain the right pleural effusion. The coiled end of the catheter is in the right costophrenic angle. A moderateamount of gas and a small amount of residual fluid is seen in the right pleural cavity. The pulmonary metastases to the left lung are larger. For example, the largest metastasis now measures 2.2 x 1.6 cm (series 401 image 81) compared to 1.3 x 1.1 cm before (series 4 image 99). This metastasis is located in the subpleural aspect of the left lower lobe. The scarring and nodules in the superior segment of the left lower lobe are unchanged. They are consistent with the sequela of previous pulmonary tuberculosis. There is moderate-to-severe centrilobular emphysema in the left lung. In the abdomen, the liver shows a tiny subcentimetre hypodense lesion in segment 7, unchanged from before and probably representing a cyst. The biliary tree is mildly dilated down to the level of the ampulla of Vater but the CBD tapers normally to insert into the ampulla. In this location, no calcified calculus or other abnormality is identified. The main pancreatic duct is also not dilated. The patient is probably post-cholecystectomy. The pancreas shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification. The spleen and adrenal glands are unremarkable. The kidneys are normal. There is no hydronephrosis. The bowel appears normal. No enlarged lymph node is seen in the retroperitoneum. No ascites is detected. No peritoneal nodule is identified. In the pelvis, the urinary bladder and prostate gland appear unremarkable. No skeletal metastasis is detected. CONCLUSION The primary tumour in the right lung is larger. The pulmonary metastases to the left lung are also larger. No abdominal or pelvic metastasis is identified although the biliary tree is now mildly dilated down to the ampulla of Vater, where no obstructing lesion is identified. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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