# Row 2689

Visit Number: 0583f0d26e91574f21a2c814c15705c515bc8bdfe994f28165717ac38e22450b

Masked\_PatientID: 2689

Order ID: f2dde8edd0f66b1b33d032da4045c3e420208b619ad1a65f9101a05ee413b250

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/4/2015 13:58

Line Num: 1

Text: HISTORY large left pleural effusion for investigation, prev history of uterine mixed mullerian tumor s/p THBSO +PLND 2 yrs ago in phillippines TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350- Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Thorax There is a moderate sized left pleural effusion with irregular pleural masses at the left hemithorax. There is also a suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma (8062 image one There is some atelectasis in the left upper lobe associated with some adjacent ground-glass change. Changes may be due to scarring but and active inflammation cannot be excluded based on this solitary study. The right lung appears unremarkable. No enlarged hilar or mediastinal lymph nodes are present. There is some thickening of the anterior and left lateral portion of the pericardium associated with some anterior mediastinal soft tissues. The pericardial changes and the thickening of the soft tissues nonspecific and should be correlated with treatment history. Abdomen and pelvis. The liver has a smooth outline and no focal hepatic abnormality is seen. The spleen and both adrenals are unremarkable. A small calcific densities present in the right upper pole may be due to a small stone. No enlarged abdominal or pelvic lymph nodes are seen. The pancreas, shows some atrophy. Nosuspicious mass is identified. The gallbladder contains a few stones within the neck of the gallbladder. No dilatation of the bile ducts is seen. No enlarged abdominal lymph nodes are seen. The ascending colon shows a few uncomplicated diverticula. No free fluid is seen within the abdomen. Previous hysterectomy and presumed oophorectomy is identified. The bowel shows no suspicious thickening or dilatation. No destructive bony lesions seen. CONCLUSION Irregular soft tissue masses within the pleura and affecting the periphery of the left lung is compatible with that of a neoplastic process. In view of the submitted history, metastatic deposits to the right pleura and right lung should be considered. A primary pulmonary malignancy with pleural spread would be a less likely differential. No evidence of distal metastatic disease. differential diagnosis. May need further action Finalised by: <DOCTOR>

Accession Number: 99ac83b95f2be37a271642ccae106f920cec4ce4bf0c1b937f0d2af956e254c9

Updated Date Time: 28/4/2015 15:00

## Layman Explanation

This radiology report discusses HISTORY large left pleural effusion for investigation, prev history of uterine mixed mullerian tumor s/p THBSO +PLND 2 yrs ago in phillippines TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350- Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Thorax There is a moderate sized left pleural effusion with irregular pleural masses at the left hemithorax. There is also a suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma (8062 image one There is some atelectasis in the left upper lobe associated with some adjacent ground-glass change. Changes may be due to scarring but and active inflammation cannot be excluded based on this solitary study. The right lung appears unremarkable. No enlarged hilar or mediastinal lymph nodes are present. There is some thickening of the anterior and left lateral portion of the pericardium associated with some anterior mediastinal soft tissues. The pericardial changes and the thickening of the soft tissues nonspecific and should be correlated with treatment history. Abdomen and pelvis. The liver has a smooth outline and no focal hepatic abnormality is seen. The spleen and both adrenals are unremarkable. A small calcific densities present in the right upper pole may be due to a small stone. No enlarged abdominal or pelvic lymph nodes are seen. The pancreas, shows some atrophy. Nosuspicious mass is identified. The gallbladder contains a few stones within the neck of the gallbladder. No dilatation of the bile ducts is seen. No enlarged abdominal lymph nodes are seen. The ascending colon shows a few uncomplicated diverticula. No free fluid is seen within the abdomen. Previous hysterectomy and presumed oophorectomy is identified. The bowel shows no suspicious thickening or dilatation. No destructive bony lesions seen. CONCLUSION Irregular soft tissue masses within the pleura and affecting the periphery of the left lung is compatible with that of a neoplastic process. In view of the submitted history, metastatic deposits to the right pleura and right lung should be considered. A primary pulmonary malignancy with pleural spread would be a less likely differential. No evidence of distal metastatic disease. differential diagnosis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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