# Row 2916

Visit Number: 939c390a27a7182f7241baa5b454de85f6c35b8cb03930c09f726c5edd21c4a7

Masked\_PatientID: 2914

Order ID: 1b8dc6c1a440fd26ba3f75f7aa53852ba77494a2e3345b87c09492dfbd33b939

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 07/10/2017 14:17

Line Num: 1

Text: HISTORY Right shoulder pain - from scapula mets Metachronous AdenoCa R lung, EGFR exon 19 del, ALK & ROS1 -ve with multiple mets - Initially Stage IA pT1b(3 foci)N0M0 - s/p R middle lobectomy & nodal dissection 14/4/14, PL2 - Distant failure May'16 - on afatinib since May 2016 TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with previous CT chest and abdomen dated 11/04/2017 and CT chest, abdomen and pelvis dated 05/07/2016. CHEST The patient is status post left lower and right middle lobectomy. No new pulmonary mass is identified. The previously noted prominent prevascular node is marginally smaller(402-37 vs prev 601-57). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is identified. The major mediastinal vessels opacify normally. The heart is normal in size. There is no pericardial effusion. Stable reticular opacities are seen in both upper lobes, with mild dilatation of the adjacent airways, favouring treatment-related interstitial fibrosis. a focal paramedian scarring in the apical segment of the right lower lobe with a straight lateral edge is also likely related to previous radiation therapy (401-37). A few scattered tiny (2 – 3 mm) nonspecific nodules are seen in both lungs (e.g. right upper lobe 401-25, right lower lobe 401-46 and left upper lobe 401-36). Some of these are new, for example the nodule in the left upper lobe. New patchy ground-glass opacities in the posterior aspect of the left upper lobe are likely inflammatory in nature (401-53 to 66). The remnant central airways are patent. Small left pleural effusion has slightly increased. There is new small pleural effusion in the right upper paraspinal region. ABDOMEN AND PELVIS No new suspicious focal hepatic lesion is identified. A stable subcentimetre hypodensity is seen in the right hepatic lobe. The gallbladder, pancreas, spleen and adrenals appear unremarkable. Stable bilateral renal hypodensities are noted, the larger ones compatible with ctsts. There are two new wedge-shaped hypoenhancing foci in thelower half of the right kidney (503-34, 41), suggestive of focal inflammation or ischaemia. No hydronephrosis is seen. The urinary bladder appears unremarkable. Mild prostatic enlargement is noted. Bowel calibre and distribution are within normal limits. Thereis no ascites or pneumoperitoneum. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is interval increased bone erosion and soft tissue component in the right scapula and glenoid, with a possible undisplaced glenoid fracture (405-41). Multiple sclerotic-lytic lesions in the vertebrae are again noted, some with increased bone destruction since 5 Jul 2016(e.g. L4 vertebra). CONCLUSION 1. Progression of bone metastases. In particular, there is increased erosion of the right scapula and a new undisplaced right glenoid fracture. 2. Few scattered tiny indeterminate pulmonary nodules. No significantly enlarged lymph node detected. Mild patchy left upper lobe ground-glass opacities may be inflammatory or infective. Increased small bilateral pleural effusions. 3. New small wedge-shaped hypodensities in the right kidney, possibly due to ischaemia or inflammation. May need further action Reported by: <DOCTOR>

Accession Number: 8c0abed8bf36f60338234c357c1c19709ae48c6f29fdde3d668a3cb6c17fb02a

Updated Date Time: 07/10/2017 19:10

## Layman Explanation

This radiology report discusses HISTORY Right shoulder pain - from scapula mets Metachronous AdenoCa R lung, EGFR exon 19 del, ALK & ROS1 -ve with multiple mets - Initially Stage IA pT1b(3 foci)N0M0 - s/p R middle lobectomy & nodal dissection 14/4/14, PL2 - Distant failure May'16 - on afatinib since May 2016 TECHNIQUE Contrast enhanced scans of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison was made with previous CT chest and abdomen dated 11/04/2017 and CT chest, abdomen and pelvis dated 05/07/2016. CHEST The patient is status post left lower and right middle lobectomy. No new pulmonary mass is identified. The previously noted prominent prevascular node is marginally smaller(402-37 vs prev 601-57). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is identified. The major mediastinal vessels opacify normally. The heart is normal in size. There is no pericardial effusion. Stable reticular opacities are seen in both upper lobes, with mild dilatation of the adjacent airways, favouring treatment-related interstitial fibrosis. a focal paramedian scarring in the apical segment of the right lower lobe with a straight lateral edge is also likely related to previous radiation therapy (401-37). A few scattered tiny (2 – 3 mm) nonspecific nodules are seen in both lungs (e.g. right upper lobe 401-25, right lower lobe 401-46 and left upper lobe 401-36). Some of these are new, for example the nodule in the left upper lobe. New patchy ground-glass opacities in the posterior aspect of the left upper lobe are likely inflammatory in nature (401-53 to 66). The remnant central airways are patent. Small left pleural effusion has slightly increased. There is new small pleural effusion in the right upper paraspinal region. ABDOMEN AND PELVIS No new suspicious focal hepatic lesion is identified. A stable subcentimetre hypodensity is seen in the right hepatic lobe. The gallbladder, pancreas, spleen and adrenals appear unremarkable. Stable bilateral renal hypodensities are noted, the larger ones compatible with ctsts. There are two new wedge-shaped hypoenhancing foci in thelower half of the right kidney (503-34, 41), suggestive of focal inflammation or ischaemia. No hydronephrosis is seen. The urinary bladder appears unremarkable. Mild prostatic enlargement is noted. Bowel calibre and distribution are within normal limits. Thereis no ascites or pneumoperitoneum. No significantly enlarged intra-abdominal or pelvic lymph node is seen. There is interval increased bone erosion and soft tissue component in the right scapula and glenoid, with a possible undisplaced glenoid fracture (405-41). Multiple sclerotic-lytic lesions in the vertebrae are again noted, some with increased bone destruction since 5 Jul 2016(e.g. L4 vertebra). CONCLUSION 1. Progression of bone metastases. In particular, there is increased erosion of the right scapula and a new undisplaced right glenoid fracture. 2. Few scattered tiny indeterminate pulmonary nodules. No significantly enlarged lymph node detected. Mild patchy left upper lobe ground-glass opacities may be inflammatory or infective. Increased small bilateral pleural effusions. 3. New small wedge-shaped hypodensities in the right kidney, possibly due to ischaemia or inflammation. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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