# Row 2924

Visit Number: 7f2e35cb607402f09278263ab239afa06b75a4e4d32b67c1b9f2f2783fee5ef8

Masked\_PatientID: 2923

Order ID: 84c1f6912556fa95a6b6c5b2c057cdf4efc290d1e54f13c2d5b542e8e0e15c9d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/5/2019 21:20

Line Num: 1

Text: HISTORY ? mets CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Reference made to recent CT abdomen and pelvis dated 14\05\2019. No suspicious pulmonary nodule or mass lesion is detected. There are small pleural effusions bilaterally with dependent atelectatic changes. The central airways are patent. No intrathoracic, supraclavicular or axillary lymphadenopathy detected. The heart is enlarged. There areextensive triple-vessel coronary atherosclerotic calcifications. No pericardial effusion seen. The upper abdominal findings are largely unchanged since the previous study. No gross abnormality seen within visualised thyroid. Numerous lytic bony lesions are seen involving multiple thoracic vertebrae, ribs, sternum, bilateral scapulae, right humeral head and right clavicle. Of note, there are pathological fractures of the left sixth rib and base of the left coracoid process of thescapula. Note is also made of narrowing of the bony central canal at multiple levels due to degenerative vertebral osteophytosis. CONCLUSION Multiple lytic bony metastases as described. No suspicious pulmonary lesion or lymphadenopathy. Cardiomegaly with triple-vessel coronary atherosclerosis. Bilateral small pleural effusions. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f57e5d3b31e12cae49945f73ac0a4133c3603488628f6acafd51f852dcd8e170

Updated Date Time: 17/5/2019 9:34

## Layman Explanation

This radiology report discusses HISTORY ? mets CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Reference made to recent CT abdomen and pelvis dated 14\05\2019. No suspicious pulmonary nodule or mass lesion is detected. There are small pleural effusions bilaterally with dependent atelectatic changes. The central airways are patent. No intrathoracic, supraclavicular or axillary lymphadenopathy detected. The heart is enlarged. There areextensive triple-vessel coronary atherosclerotic calcifications. No pericardial effusion seen. The upper abdominal findings are largely unchanged since the previous study. No gross abnormality seen within visualised thyroid. Numerous lytic bony lesions are seen involving multiple thoracic vertebrae, ribs, sternum, bilateral scapulae, right humeral head and right clavicle. Of note, there are pathological fractures of the left sixth rib and base of the left coracoid process of thescapula. Note is also made of narrowing of the bony central canal at multiple levels due to degenerative vertebral osteophytosis. CONCLUSION Multiple lytic bony metastases as described. No suspicious pulmonary lesion or lymphadenopathy. Cardiomegaly with triple-vessel coronary atherosclerosis. Bilateral small pleural effusions. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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