# Row 2952

Visit Number: 9e2cd08c11104a20a33e0132ab240eadeeb5f6fb2d34c57af329f95d033c70be

Masked\_PatientID: 2951

Order ID: b3e80898f3606ee2ea32b8e05363eb9236a655875502a5a9f20ae36c2cb227fa

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 29/10/2019 15:10

Line Num: 1

Text: HISTORY R chset pain with hemoptysis in a white smoker TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350, 80 ml x 2 (second injection was administered due to a technical error) FINDINGS Previous chest radiograph dated 27 October 2019 was reviewed. There is confluent soft tissue with no evidence of air bronchograms in the anterior segment of the right upper lobe (5/46). A separate smaller focus is seen medial to it at the cardiophrenic angle (6/39). There is obliteration and likely invasion of the right upper lobar pulmonary artery extending into the right main pulmonary artery (9/39, 9/41). In addition, there is indentation and narrowing of the right main bronchus at its bifurcation, raising concern for endobronchial extension (9/36, 37). Impaction of the superior segmental airway in the right upper lobe, with several centrilobular nodularities suggesting a degree of postobstructive change. There is a thick-walled cavitary lesion in the periphery of the right upper lobe with an air-fluid level measuring approximately 3.8 x 2.3 cm, concerning for an abscess (6/36, see key image). No suspicious pulmonary mass in the rest of the lungs. Background emphysematouschange predominantly in the upper lobes. Small low density right pleural effusion and ground-glass changes in the dependent lower lobes. Several indeterminate prominent mediastinal nodes, measuring up to 1.0 cm at the right paratracheal station (5/35). There are probably enlarged right hilar nodes which are inseparable from the above-mentioned mass. Small left hilar nodes are nonspecific. Imaged thyroid gland is not enlarged. Pulmonary trunk is not dilated. Heart size is normal. No pericardial effusion. Limited sections of the upper abdomen are grossly unremarkable. There is no suspicious bony destruction. CONCLUSION 1. Mass-like consolidation in the right upper lobe obliterating the right main pulmonary artery and its right upper lobar branch is concerning for malignancy (i.e. adenocarcinoma). There is nodular indentation and narrowing of the right main bronchus at its bifurcation which raises concern for endobronchial invasion. 2. Impaction of segmentalairway in the right upper lobe, with a thick-walled cavitary lesion at the right upper lobe periphery concerning for an abscess. 3. No CT evidence of right heart strain. 4. Indeterminate prominent mediastinal nodes. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 157050e7df2b2ec757a1c8aa9bee6474726f500829b40a069955fbb9af173b5d

Updated Date Time: 29/10/2019 16:15

## Layman Explanation

This radiology report discusses HISTORY R chset pain with hemoptysis in a white smoker TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350, 80 ml x 2 (second injection was administered due to a technical error) FINDINGS Previous chest radiograph dated 27 October 2019 was reviewed. There is confluent soft tissue with no evidence of air bronchograms in the anterior segment of the right upper lobe (5/46). A separate smaller focus is seen medial to it at the cardiophrenic angle (6/39). There is obliteration and likely invasion of the right upper lobar pulmonary artery extending into the right main pulmonary artery (9/39, 9/41). In addition, there is indentation and narrowing of the right main bronchus at its bifurcation, raising concern for endobronchial extension (9/36, 37). Impaction of the superior segmental airway in the right upper lobe, with several centrilobular nodularities suggesting a degree of postobstructive change. There is a thick-walled cavitary lesion in the periphery of the right upper lobe with an air-fluid level measuring approximately 3.8 x 2.3 cm, concerning for an abscess (6/36, see key image). No suspicious pulmonary mass in the rest of the lungs. Background emphysematouschange predominantly in the upper lobes. Small low density right pleural effusion and ground-glass changes in the dependent lower lobes. Several indeterminate prominent mediastinal nodes, measuring up to 1.0 cm at the right paratracheal station (5/35). There are probably enlarged right hilar nodes which are inseparable from the above-mentioned mass. Small left hilar nodes are nonspecific. Imaged thyroid gland is not enlarged. Pulmonary trunk is not dilated. Heart size is normal. No pericardial effusion. Limited sections of the upper abdomen are grossly unremarkable. There is no suspicious bony destruction. CONCLUSION 1. Mass-like consolidation in the right upper lobe obliterating the right main pulmonary artery and its right upper lobar branch is concerning for malignancy (i.e. adenocarcinoma). There is nodular indentation and narrowing of the right main bronchus at its bifurcation which raises concern for endobronchial invasion. 2. Impaction of segmentalairway in the right upper lobe, with a thick-walled cavitary lesion at the right upper lobe periphery concerning for an abscess. 3. No CT evidence of right heart strain. 4. Indeterminate prominent mediastinal nodes. 5. Other findings as described above. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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