# Row 4112

Visit Number: 359b53bd28ebe38024950b7d6dfbcd12093ca596330931563fa320415530d7e4

Masked\_PatientID: 4106

Order ID: 6cbaf91f0401fb6a3cb4f210993cd27c2de9ceb0c8d666f9742c3b02b57d70b7

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 18/10/2016 15:08

Line Num: 1

Text: HISTORY mets breast ca on fulvestrant; worsenign SOB s/p chest drain KIV chnage chemo TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT of 24 August 2016 done at NCC. The hepatic metastases are larger and more numerous. For example, the largest metastasis now measures 13.5 x 9.7 cm (series 8 image 48). Previously, it measured 11.0 x 8.6 cm (series 2 image 58). This largest metastasis occupies most of the right hepatic lobe. Multiple new hepatic metastases are seen in the left lobe. The multiple pleural metastases have also progressed. For example, the largest pleural nodule now measures 2.3x 0.9 cm (series 6 image 42). Previously, it measured 1.8 x 0.7 cm (series 4 image 61). This pleural nodule is located in the major fissure of the right lung. There is new development of a loculated right pleural effusion for which a percutaneous drainage catheter has been inserted. The coiled end of the catheter is in the horizontal fissure of the right lung. The large left pleural effusion is much smaller, probably post-pleurodesis. The patient is post-right mastectomy. No enlarged lymph node is seen in the mediastinum and pulmonary hila. The gallbladder appears unremarkable. There is mild dilatation of the intrahepatic biliary tree in the right hepatic lobe, probably due to extrinsic compression by the hepatic metastases. This is newly identified. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. There is a small amount of ascites in the pelvis. The uterus and ovaries appear normal. The urinary bladder appears unremarkable. The bowel appears unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is again a sclerotic lesion in the right side of the C6 vertebra, unchanged from before andconsistent with a metastasis.. There is a mild compression fracture of L1. CONCLUSION The hepatic and pleural metastases have progressed. In particular, the pre-existing hepatic metastases are larger and multiple new metastases are seen inthe left lobe of the liver. May need further action Finalised by: <DOCTOR>

Accession Number: 087fba7bb31faebe94e4d221c258099ea1d2f404d2dbba8d8277439c3720e10e

Updated Date Time: 18/10/2016 15:43

## Layman Explanation

This radiology report discusses HISTORY mets breast ca on fulvestrant; worsenign SOB s/p chest drain KIV chnage chemo TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the CT of 24 August 2016 done at NCC. The hepatic metastases are larger and more numerous. For example, the largest metastasis now measures 13.5 x 9.7 cm (series 8 image 48). Previously, it measured 11.0 x 8.6 cm (series 2 image 58). This largest metastasis occupies most of the right hepatic lobe. Multiple new hepatic metastases are seen in the left lobe. The multiple pleural metastases have also progressed. For example, the largest pleural nodule now measures 2.3x 0.9 cm (series 6 image 42). Previously, it measured 1.8 x 0.7 cm (series 4 image 61). This pleural nodule is located in the major fissure of the right lung. There is new development of a loculated right pleural effusion for which a percutaneous drainage catheter has been inserted. The coiled end of the catheter is in the horizontal fissure of the right lung. The large left pleural effusion is much smaller, probably post-pleurodesis. The patient is post-right mastectomy. No enlarged lymph node is seen in the mediastinum and pulmonary hila. The gallbladder appears unremarkable. There is mild dilatation of the intrahepatic biliary tree in the right hepatic lobe, probably due to extrinsic compression by the hepatic metastases. This is newly identified. The spleen, pancreas and adrenal glands are unremarkable. The kidneys show no abnormality. There is no hydronephrosis. There is a small amount of ascites in the pelvis. The uterus and ovaries appear normal. The urinary bladder appears unremarkable. The bowel appears unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is again a sclerotic lesion in the right side of the C6 vertebra, unchanged from before andconsistent with a metastasis.. There is a mild compression fracture of L1. CONCLUSION The hepatic and pleural metastases have progressed. In particular, the pre-existing hepatic metastases are larger and multiple new metastases are seen inthe left lobe of the liver. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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