# Row 434

Visit Number: fcbfec18536f2b5c004142dce5d19a0e0e472213f4489884dde90dcbe1075d1b

Masked\_PatientID: 434

Order ID: a58abea529a63813f323e67230d7b9b6de3ed173007e3dcc616d8110415bb354

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/3/2019 16:52

Line Num: 1

Text: HISTORY Right MZ mass with R LZ opacity likely malignancy ?primary b\g Stage 1C G1 endometrial cancer s\p THBSO nov 2000 , pelvic RT - Cervical biopsy march 16 CIN1 --> conservatively managed - Vault smear Mar 2019: Atypical squamous cellsof undetermined significance (ASCUS). TECHNIQUE Contrast enhanced CT of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Reference is made to the prior chest radiograph dated 11 March 2019, 6 March 2019 and 1 November 2007. There is a 10.1 x 6.1 cm fairly homogenous mass in the right hemithorax (5-34). It appears to be pleural-based, extending into the transverse fissure (501-71) and also extending along the anterolateral aspect of the right hemithorax (5-31). This mass appears to displace and compress the adjacent lung parenchyma and the anterior segmental branches of the right upper lobe. There is another broad-based nodule in the middle lobe lateral segment, which has a broad base abutting the oblique fissure (7-44 and 6-55). This is also suspicious for a pleural based lesion. Small flat opacities in the right lower lobe lateral basal segment (6-63) and medial basal segment (6-70) favour inflammatory lesions. No suspicious lesion is seen in the left lung. The central airways are patent. No significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart size is within normal limits. No pleural or pericardial effusion is seen. No suspicious focal hepatic lesion is seen. There is uncomplicated cholelithiasis. Mild gall bladder fundal mural thickening is probably adenomyomatosis. The biliary tree is normal in calibre. The spleen, pancreas and adrenal glands appear unremarkable. Tiny hypodensities in both kidneys are non-specific but likely cysts. The urinary bladder appears unremarkable. Previous hysterectomy noted. No suspicious pelvic mass is identified. Bowel calibre and distributionare within normal limits. No significantly enlarged para-aortic or pelvic lymph node is identified. No ascites or pneumoperitoneum is seen. No destructive bone lesion is evident. CONCLUSION Large right-sided pleural-based mass centred in the horizontal fissure, displacing the right upper lobe. Another smaller pleural based lesion is seen in the middle lobe. The appearance suggests pleural-based lesions (e.g. fibrous tumour). The features are atypical for pleural metastases. Histological evaluation suggested. No overt invasion of adjacent structures, significantly enlarged lymph node or definite distant metastasis detected. Uncomplicated cholelithiasis. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: ef5c8c5a60e2aaf62ab764e68952c28b54a747d8d2329f766995cb79d11e416d

Updated Date Time: 12/3/2019 19:22

## Layman Explanation

This radiology report discusses HISTORY Right MZ mass with R LZ opacity likely malignancy ?primary b\g Stage 1C G1 endometrial cancer s\p THBSO nov 2000 , pelvic RT - Cervical biopsy march 16 CIN1 --> conservatively managed - Vault smear Mar 2019: Atypical squamous cellsof undetermined significance (ASCUS). TECHNIQUE Contrast enhanced CT of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Reference is made to the prior chest radiograph dated 11 March 2019, 6 March 2019 and 1 November 2007. There is a 10.1 x 6.1 cm fairly homogenous mass in the right hemithorax (5-34). It appears to be pleural-based, extending into the transverse fissure (501-71) and also extending along the anterolateral aspect of the right hemithorax (5-31). This mass appears to displace and compress the adjacent lung parenchyma and the anterior segmental branches of the right upper lobe. There is another broad-based nodule in the middle lobe lateral segment, which has a broad base abutting the oblique fissure (7-44 and 6-55). This is also suspicious for a pleural based lesion. Small flat opacities in the right lower lobe lateral basal segment (6-63) and medial basal segment (6-70) favour inflammatory lesions. No suspicious lesion is seen in the left lung. The central airways are patent. No significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart size is within normal limits. No pleural or pericardial effusion is seen. No suspicious focal hepatic lesion is seen. There is uncomplicated cholelithiasis. Mild gall bladder fundal mural thickening is probably adenomyomatosis. The biliary tree is normal in calibre. The spleen, pancreas and adrenal glands appear unremarkable. Tiny hypodensities in both kidneys are non-specific but likely cysts. The urinary bladder appears unremarkable. Previous hysterectomy noted. No suspicious pelvic mass is identified. Bowel calibre and distributionare within normal limits. No significantly enlarged para-aortic or pelvic lymph node is identified. No ascites or pneumoperitoneum is seen. No destructive bone lesion is evident. CONCLUSION Large right-sided pleural-based mass centred in the horizontal fissure, displacing the right upper lobe. Another smaller pleural based lesion is seen in the middle lobe. The appearance suggests pleural-based lesions (e.g. fibrous tumour). The features are atypical for pleural metastases. Histological evaluation suggested. No overt invasion of adjacent structures, significantly enlarged lymph node or definite distant metastasis detected. Uncomplicated cholelithiasis. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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