# Row 632

Visit Number: 827cad4b5ffeca69cc3a4137f25e6380fd6293882de46db01e936bf6369cc9a7

Masked\_PatientID: 631

Order ID: a2bd874847d82108a755fe7ed92fbabae0564e13646d28d659aee6a9e33f9e83

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/11/2017 9:47

Line Num: 1

Text: HISTORY recurrent laryngeal cancer TECHNIQUE Contrast enhanced CT of the chest, abdomen and pelvis was performed with coronal reconstruction. Lung window was also obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with previous FDG PET-CT of 16 October 2017. CHEST The patient is status post wide resection of anterior neck mass and resection of sternum, upper ribs and medial 1/3 of clavicles, total laryngectomy, totalthyroidectomy and chest wall reconstruction. Surgical clips, metal plates and screws are seen in the anterior chest wall with adjacent post-surgical changes. No enhancing mass is seen in the surgical bed to suggest local recurrence. Enhancing mass in the left upper chest wall has increased slightly in size measuring 9.2 x 6.5 x 8.0 cm (5-13 & 10-40). Erosion of the left first and second rib is again noted. The mass lies in close proximity to the left subscapular muscle posteriorly suspicious for involvement. The smaller enhancing mass seen inferiorly along the prior left chest tube tract has increased in size measuring 3.6 x 2.4 cm (5-38 & 10-27). Erosion of the superior aspect of the left third rib is noted. These are compatible with worsening bony metastases. Stable prominence of supraclavicular or mediastinal lymph node is noted. No significantly enlarged hilar or axillary lymph node is seen. There is no pericardial effusion. The development of right and worsening of left pleural effusion. No frank consolidation or suspicious pulmonary mass is seen. A tracheostomy tube is noted. The major airways are patent. Atelectasis is noted in the anterior segment of the right upper lobe and the lingulasegment. ABDOMEN & PELVIS The liver is normal in attenuation and contour. No suspicious hepatic lesion is detected. The gallbladder is moderately distended and grossly unremarkable. There is no biliary dilatation. The spleen, pancreas and adrenal glands are unremarkable. Bilateral kidneys enhances symmetrically. Non-obstructing subcentimetre caliceal calculi are noted in the right kidney. There is no left renal calculus. No hydronephrosis is detected. Hypodensities are noted measuring up to 1.2 cm at the left lower pole (7-49), the larger lesions are cyst and the smaller are too small to characterize. No suspicious renal mass. The urinary bladder is well distended and unremarkable. The prostate is not enlarged. Status post TURP. There is no bowel dilatation. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites or pneumoperitoneum is seen. Mildly ectatic segment of the infrarenal abdominal aorta is again noted measuring up to 2.9 cm in diameter (12-46). Surgical clips are noted in the left anterior thigh in keeping with prior graft harvest. Interval resolution of the oedema in the left vastus medialis muscle is noted. A small right inguinal hernia isagain seen. CONCLUSION Status post wide resection of anterior neck mass and resection of sternum, upper ribs and medial 1/3 of clavicles, total laryngectomy, total thyroidectomy and chest wall reconstruction, since 16 October 2017: 1. Increase in the size of the left upper chest wall mass eroding the first and second rib with suspicion of involvement of the left subscapularis muscle. The smaller left chest wall mass seen slightly inferiorly along the prior left chest tube tract has also increased in size with erosion of the left third rib. These are compatible with worsening bony metastasis. 2. Development of right and worsening of left pleural effusion. 3. No evidence of a new nodal or distant metastasis. 4. Other stable and minor findings are as described in the body of the report. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 23ba58818116ef094d323ac17dada5ec84440380787439042c1cf9ecb42ae2a8

Updated Date Time: 02/11/2017 12:09

## Layman Explanation

This radiology report discusses HISTORY recurrent laryngeal cancer TECHNIQUE Contrast enhanced CT of the chest, abdomen and pelvis was performed with coronal reconstruction. Lung window was also obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with previous FDG PET-CT of 16 October 2017. CHEST The patient is status post wide resection of anterior neck mass and resection of sternum, upper ribs and medial 1/3 of clavicles, total laryngectomy, totalthyroidectomy and chest wall reconstruction. Surgical clips, metal plates and screws are seen in the anterior chest wall with adjacent post-surgical changes. No enhancing mass is seen in the surgical bed to suggest local recurrence. Enhancing mass in the left upper chest wall has increased slightly in size measuring 9.2 x 6.5 x 8.0 cm (5-13 & 10-40). Erosion of the left first and second rib is again noted. The mass lies in close proximity to the left subscapular muscle posteriorly suspicious for involvement. The smaller enhancing mass seen inferiorly along the prior left chest tube tract has increased in size measuring 3.6 x 2.4 cm (5-38 & 10-27). Erosion of the superior aspect of the left third rib is noted. These are compatible with worsening bony metastases. Stable prominence of supraclavicular or mediastinal lymph node is noted. No significantly enlarged hilar or axillary lymph node is seen. There is no pericardial effusion. The development of right and worsening of left pleural effusion. No frank consolidation or suspicious pulmonary mass is seen. A tracheostomy tube is noted. The major airways are patent. Atelectasis is noted in the anterior segment of the right upper lobe and the lingulasegment. ABDOMEN & PELVIS The liver is normal in attenuation and contour. No suspicious hepatic lesion is detected. The gallbladder is moderately distended and grossly unremarkable. There is no biliary dilatation. The spleen, pancreas and adrenal glands are unremarkable. Bilateral kidneys enhances symmetrically. Non-obstructing subcentimetre caliceal calculi are noted in the right kidney. There is no left renal calculus. No hydronephrosis is detected. Hypodensities are noted measuring up to 1.2 cm at the left lower pole (7-49), the larger lesions are cyst and the smaller are too small to characterize. No suspicious renal mass. The urinary bladder is well distended and unremarkable. The prostate is not enlarged. Status post TURP. There is no bowel dilatation. No significantly enlarged intra-abdominal or pelvic lymph node is detected. No ascites or pneumoperitoneum is seen. Mildly ectatic segment of the infrarenal abdominal aorta is again noted measuring up to 2.9 cm in diameter (12-46). Surgical clips are noted in the left anterior thigh in keeping with prior graft harvest. Interval resolution of the oedema in the left vastus medialis muscle is noted. A small right inguinal hernia isagain seen. CONCLUSION Status post wide resection of anterior neck mass and resection of sternum, upper ribs and medial 1/3 of clavicles, total laryngectomy, total thyroidectomy and chest wall reconstruction, since 16 October 2017: 1. Increase in the size of the left upper chest wall mass eroding the first and second rib with suspicion of involvement of the left subscapularis muscle. The smaller left chest wall mass seen slightly inferiorly along the prior left chest tube tract has also increased in size with erosion of the left third rib. These are compatible with worsening bony metastasis. 2. Development of right and worsening of left pleural effusion. 3. No evidence of a new nodal or distant metastasis. 4. Other stable and minor findings are as described in the body of the report. 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.