# 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

Error generating summary.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) scan\*\* report.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Pleural-based lesions:\*\* The report describes two pleural-based lesions, one large in the right hemithorax and a smaller one in the middle lobe. The report suggests these could be fibrous tumours, but the possibility of metastases is considered unlikely due to atypical features. Histological evaluation is recommended.  
\* \*\*Endometrial cancer:\*\* The patient's history mentions Stage 1C G1 endometrial cancer, with a history of total hysterectomy.  
\* \*\*Cholelithiasis:\*\* The report mentions uncomplicated cholelithiasis (gallstones).  
\* \*\*Adenomyomatosis:\*\* Mild gall bladder fundal mural thickening is considered to be likely adenomyomatosis.  
\* \*\*Cervical intraepithelial neoplasia (CIN):\*\* The patient's history mentions a cervical biopsy in March 2016 that showed CIN1, which was managed conservatively.  
\* \*\*Atypical squamous cells of undetermined significance (ASCUS):\*\* The patient's history mentions a vault smear in March 2019 that showed ASCUS.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report describes two pleural-based lesions, one large in the right hemithorax and a smaller one in the middle lobe. The central airways are patent and no suspicious lesion is seen in the left lung.  
\* \*\*Pleura:\*\* The report describes two pleural-based lesions.  
\* \*\*Heart:\*\* The heart size is within normal limits, and there is no pericardial effusion.  
\* \*\*Liver:\*\* No suspicious focal hepatic lesion is seen.  
\* \*\*Gallbladder:\*\* Uncomplicated cholelithiasis and mild gall bladder fundal mural thickening, likely adenomyomatosis.  
\* \*\*Biliary tree:\*\* Normal in calibre.  
\* \*\*Spleen, pancreas, and adrenal glands:\*\* Appear unremarkable.  
\* \*\*Kidneys:\*\* Tiny hypodensities are considered likely cysts.  
\* \*\*Urinary bladder:\*\* Appears unremarkable.  
\* \*\*Pelvic organs:\*\* Previous hysterectomy is noted, and no suspicious pelvic mass is identified.  
\* \*\*Lymph nodes:\*\* No significantly enlarged mediastinal, hilar, supraclavicular, axillary, para-aortic, or pelvic lymph nodes are identified.  
\* \*\*Bones:\*\* No destructive bone lesion is evident.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Large right-sided pleural-based mass:\*\* This mass is located in the horizontal fissure and displaces the right upper lobe. The report suggests histological evaluation to determine the nature of the lesion.  
\* \*\*Smaller pleural based lesion in the middle lobe:\*\* This lesion is also considered suspicious.  
\* \*\*History of endometrial cancer:\*\* While the patient has undergone hysterectomy, the report notes the history of endometrial cancer for context.  
\* \*\*ASCUS finding:\*\* The report mentions a vault smear in March 2019 that showed ASCUS, which may require further investigation.