# Patient ID: 1508, Performed Date: 04/8/2015 17:38

## Raw Radiology Report Extracted

Visit Number: 98eaf0ed8e669764cdd213758981584992d42820e298bc2535151be4add3d317

Masked\_PatientID: 1508

Order ID: 290748ebbb3de788bdd32da0d98f15b968a215757b00f800afbace4f9b42914a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/8/2015 17:38

Line Num: 1

Text: HISTORY met NSCLC adm for SOB req FM O2 bilat UL changes ?increasing mets vs infective changes TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison study: 17 June 2015 Of note is the development of a saddle embolus in the right pulmonary artery extending into the right upper lobe and lower lobar branches. There is also airspace shadowing and ground glass opacification in the right upper lobe and compressive atelectasis of the left lower lobe. The spiculated right perihilar mass measures about 3.1 x 4.3 x 2.3 cm. The right middle lobe / fissural mass measures about 3.8 x 1.8 x 2.8 cm. Visually, these appear stable in size. There are numerous nodules scattered throughout both lungs and these appear roughly stable in size and number. However, there is interval increase in size of the left upper lobe mass which is encasing the left upper lobe pulmonary artery. Together with adjacent collapse cum consolidation, it now measures about 6.1 x 4.4 x 5.7 cm. Interval increase in size of the left pleural effusion with stable small right pleural effusion. There is a metastatic lesion noted in the liver in segment IV. Sclerotic metastasis involving T1, T2, T4- T7, T12. There is associated pathological fracture of T4, T6 and T7 vertebral bodies. The T7 fracture is new. New bilateral pleural effusions, left > right. CONCLUSION 1. Interval development of a saddle embolus in the right pulmonary artery associated with air space shadowing and ground glass opacification in the right upper lobe. 2. Interval progression of the left upper lobe mass with associated collapse and consolidation and encasement of the left upper lobar pulmonary artery. 3. Right perihilar and fissural mass as well as pulmonary metastasis are relatively stable. 4. Interval increase in size of the right pleural effusion associated with compressive atelectasis of the right lower lobe. 5. Stable metastatic disease in the thoracic spine with pathological fractures of T4 and T6. Interval pathological fracture of T7. 6. New segment IV hepatic metastasis. Critical result notification: Dr Teoh Hui Lin was informed of the findings by Dr Png MA on 4/8/2015 at 06:35 p.m. Critical Abnormal Finalised by: <DOCTOR>

Accession Number: c1e350ff4fc17239de92307fb9c6d7ddfb6860133a22330036664b9b36be9e7c

Updated Date Time: 04/8/2015 18:46

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*chest CT scan with contrast\*\*.  
  
\*\*1. Disease(s):\*\*  
\* \*\*Non-small cell lung cancer (NSCLC):\*\* The report mentions a left upper lobe mass encasing the left upper lobe pulmonary artery, which has increased in size since the previous scan.   
\* \*\*Pulmonary Embolism:\*\* The report describes the development of a saddle embolus in the right pulmonary artery extending into the right upper lobe and lower lobar branches.   
\* \*\*Metastatic disease:\*\* There are multiple nodules scattered throughout both lungs, as well as a metastatic lesion in the liver (segment IV). Additionally, there are sclerotic metastases involving the thoracic vertebrae (T1, T2, T4-T7, T12) with associated pathological fractures of T4, T6, and T7. The T7 fracture is new.  
\* \*\*Pleural effusion:\*\* There is an increase in size of the left pleural effusion and a stable small right pleural effusion.  
  
\*\*2. Organ(s):\*\*  
\* \*\*Lungs:\*\* The report describes numerous nodules in both lungs, a left upper lobe mass, a right perihilar mass, a right fissural mass, a saddle embolus in the right pulmonary artery, airspace shadowing and ground glass opacification in the right upper lobe, compressive atelectasis of the left and right lower lobes.   
\* \*\*Heart:\*\* Not explicitly mentioned, but the presence of a saddle embolus in the pulmonary artery may indirectly indicate involvement.  
\* \*\*Liver:\*\* A metastatic lesion is noted in segment IV of the liver.  
\* \*\*Thoracic Spine:\*\* Sclerotic metastases involving T1, T2, T4-T7, and T12 with associated pathological fractures of T4, T6, and T7.  
  
\*\*3. Symptoms or Phenomenon:\*\*  
\* \*\*Shortness of breath (SOB):\*\* This is the reason for the CT scan.  
\* \*\*Increased size of left upper lobe mass:\*\* This is concerning as it may indicate disease progression.  
\* \*\*New segment IV hepatic metastasis:\*\* This indicates spread of the cancer.  
\* \*\*New bilateral pleural effusions:\*\* This is a new finding and may suggest worsening of the underlying condition.  
\* \*\*Interval pathological fracture of T7:\*\* This indicates progression of the metastatic disease in the spine.   
\* \*\*Saddle embolus in the right pulmonary artery:\*\* This is a critical finding that may lead to serious complications, such as pulmonary hypertension or heart failure.