# Patient ID: 193, Performed Date: 06/2/2015 11:33

## Raw Radiology Report Extracted

Visit Number: ff31c3c3c8a0db42962cd0df4fa6b837a8d13811adc1f9cdf3e9599a631f70e3

Masked\_PatientID: 193

Order ID: 08d8ac4c05f813936c84950f2f6bbdfd505c44652ce21c23cee7946b1c59a65b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/2/2015 11:33

Line Num: 1

Text: HISTORY admitted for massive left pleural effusion, ct chest in august at pte, right upper loads and left a ur TECHNIQUE Scans acquired as per department protocol. Contrast enhanced axial sections of the thorax, abdomen and pelvis were obtained with coronal reconstructions. Intravenous contrast: Optiray 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS No previous study was available for comparison. A right chest drain is seen with its tipwithin the medial aspect of the right lower lobe. Adjacent subcutaneous emphysema is seen along the right lateral chest wall. Right hydropneumothorax is present with consolidation/atelectasis of the adjacent lung. There is irregular, nodular pleural thickening seen in the right hemithorax with associated volume loss. Foci of calcifications are seen along thickening pleura in the right upper lobe. No lung nodule or consolidation is identified in the left lung. No pericardial effusion is noted. The heart size is normal. Enlarged right paratracheal, precarinal and subcarinal lymph nodes are seen measuring up to 1.3 cm in the subcarinal region (Se 80472/41). Some of these lymph nodes show foci of calcifications as well. Subcentimetre hypodensity noted in segment 4a of the liver is too small to be characterised but may represent a small perfusional defect (Se 80675/25). No other focal hepatic lesion is detected. Left renal cysts are visualised. Subcentimetre hypodensities are noted in both kidneys which are too small to be characterised but likely to represent cysts. The pancreas, gallbladder, spleen and both adrenal glands show no significant abnormality. No free intraperitoneal fluid or air is detected. No significant retroperitoneal or pelvic lymphadenopathy is evident. The bowel loops are of normal calibre and configuration. No destructive bony lesion is detected. Degenerative disc disease is seen at the L4/5 and L5/S1 levels. Mildgrade 1 retrolisthesis of L2 on L3 vertebra is noted. CONCLUSION Right chest drain is seen within the pleural cavity draining a right hydropneumothorax. In the right lung, there is irregular nodular pleural thickening with associated calcifications which is suspicious for primary pleural malignancy ie. Mesothelioma. A differential diagnosis of pleural metastases from lung primary should also be considered. Histological diagnosis is suggested. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 4cc3fd63e618c65909a771a93c21b18cdd8d75b6fd7c98f94ff116d29c754ce9

Updated Date Time: 06/2/2015 15:28

## Layman Explanation

The scan shows that you have a tube in your right chest, which is draining fluid and air from your right lung. There are some abnormal areas in your right lung that might be a type of cancer called mesothelioma. It could also be cancer that spread from another part of your body, possibly your lung. The doctor wants you to have a biopsy to figure out exactly what it is. The scan also shows some changes in your spine, which are common with aging.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Right Hydropneumothorax:\*\* This is a condition where there is both fluid and air in the right side of the chest cavity.  
\* \*\*Consolidation/Atelectasis:\*\* This refers to a collapsed or solidified portion of the right lung, likely caused by the hydropneumothorax.  
\* \*\*Pleural thickening:\*\* There is abnormal thickening of the pleura (lining of the lung) on the right side, which is described as irregular and nodular.  
\* \*\*Calcifications:\*\* There are deposits of calcium in the thickened pleura, particularly in the right upper lobe.  
\* \*\*Suspicion of primary pleural malignancy (Mesothelioma):\*\* The report suggests this as a potential cause of the pleural thickening and calcifications.  
\* \*\*Differential diagnosis of pleural metastases from lung primary:\*\* This means that cancer cells from a primary lung cancer could also be responsible for the pleural thickening.  
\* \*\*Degenerative disc disease:\*\* This is a common condition affecting the spine, found at the L4/5 and L5/S1 levels in this case.  
\* \*\*Mild Grade 1 Retrolisthesis:\*\* This means a slight slippage of the L2 vertebra backwards on the L3 vertebra.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* Both lungs are mentioned, with abnormalities noted in the right lung, including hydropneumothorax, consolidation/atelectasis, pleural thickening and calcifications. The left lung appears normal.  
\* \*\*Pleura:\*\* The pleura (lining of the lung) is described as thickened and calcified on the right side.  
\* \*\*Heart:\*\* The heart size is normal, and no pericardial effusion (fluid around the heart) is seen.  
\* \*\*Lymph Nodes:\*\* Enlarged right paratracheal, precarinal and subcarinal lymph nodes are seen, with some showing calcifications.  
\* \*\*Liver:\*\* A small hypodense area (darker area on the scan) is seen in segment 4a of the liver, possibly a perfusional defect. No other focal lesions are identified.  
\* \*\*Kidneys:\*\* Left renal cysts are visible, and small hypodense areas are seen in both kidneys, likely representing cysts.  
\* \*\*Pancreas:\*\* No significant abnormality is noted.  
\* \*\*Gallbladder:\*\* No significant abnormality is noted.  
\* \*\*Spleen:\*\* No significant abnormality is noted.  
\* \*\*Adrenal Glands:\*\* No significant abnormality is noted.  
\* \*\*Bowel Loops:\*\* Normal calibre and configuration.  
\* \*\*Spine:\*\* Degenerative disc disease is present at L4/5 and L5/S1 levels. Mild Grade 1 retrolisthesis is present at L2 on L3.  
  
\*\*3. Symptoms or Phenomena that would cause attention:\*\*  
  
\* \*\*Right hydropneumothorax:\*\* This is a significant finding, suggesting a problem with the right lung and pleural space.  
\* \*\*Pleural thickening and calcifications:\*\* This is concerning for potential malignancy, specifically mesothelioma.  
\* \*\*Enlarged lymph nodes:\*\* The size and calcifications of the lymph nodes are concerning and may indicate potential spread of disease.  
\* \*\*Suspicion of primary pleural malignancy:\*\* This raises a serious concern and necessitates further investigation.  
\* \*\*Degenerative disc disease and retrolisthesis:\*\* These are common findings but should be monitored for any progression or associated symptoms.