# Patient ID: 253, Performed Date: 04/3/2016 12:35

## Raw Radiology Report Extracted

Visit Number: fd735d1767c8a1137b985a1103dad24968ca60d04831313279c1da07b8c30734

Masked\_PatientID: 253

Order ID: a6a82f11944d9b397c5452d5f0e3dfb28d578476f86ccbff6f6ffe390b16631f

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 04/3/2016 12:35

Line Num: 1

Text: HISTORY TRO SVCO - recently diagnosed stage 4 Sq cell Lung Ca TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Comparison is made with the CT of 5 February 2016 done at NCC. There is evidence of superior vena cava obstruction, with a necrotic mass in the right lung that has severely compressed the SVC to a slit. The primary tumour is seen in the right upper lobe and shows no significant interval change, measuring 5.0 x 3.9 cm on series 201 image 41. It again severely compresses the right branch pulmonary artery. The pulmonary metastases to the left lung are slightly larger. For example, the largest metastasis measures 4.2 x 2.8 cm now (series 204 image 83) compared to 3.6 x 2.2 cm before (series 2 image 55). There is moderate centrilobular and paraseptal emphysema in the left lung, worse in the upper lobe. There is a large right pleural effusion, unchanged from before. There are enlarged lymph nodes in the right pulmonary hilum and right side of the mediastinum, unchanged from before. The largest node measures 3.9 x 3.6 cm and is located in the right lower paratracheal region of the mediastinum (series 201 image 33). Enlarged lymph nodes in the left supraclavicular region are unchanged, the largest node measuring 2.1 x 1.4 cm (series 201 image 4). There is abnormal sclerosis in the T3 vertebra, probably representing a metastasis. This appears to be newly identified. No pathological fracture is identified. No epidural component is seen to suggest cord compression. In the abdomen, the liver shows several subcentimetre hypodense lesions, unchanged from before and probably representing cysts. The biliary tree is mildly dilated but the CBD tapers normally to insert into the ampulla of Vater. This appears has not changed from the last CT. The patient is post-cholecystectomy. The spleen and adrenal glands are unremarkable. The pancreas again shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification from previous inflammation. The kidneys are unremarkable. There is no hydronephrosis. The bowel appears normal. In the pelvis, the urinary bladder and prostate gland are unremarkable. No enlarged lymph node is seen in the retroperitoneum. There is no ascites. CONCLUSION There is evidence of SVC obstruction, with a necrotic mass in the right lung compressing the SVC to a slit. Compared to the last CT, the pulmonary metastases to the left lung are slightly larger and there is probably a new metastasis to the T3 vertebra. May need further action Finalised by: <DOCTOR>

Accession Number: 033bedde824b2cc10a6b604c821ffcaf72357f755d01f47f2e71d3b61af65432

Updated Date Time: 04/3/2016 14:12

## Layman Explanation

Error generating summary.

## Summary

## Radiology Report Summary:  
  
\*\*Image Type:\*\* Contrast-enhanced CT of the thorax, abdomen, and pelvis.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Squamous Cell Lung Cancer (Stage 4):\*\* The report mentions a primary tumor in the right upper lobe measuring 5.0 x 3.9 cm, which shows no significant change since the previous CT.  
\* \*\*Superior Vena Cava (SVC) Obstruction:\*\* A necrotic mass in the right lung severely compresses the SVC to a slit.  
\* \*\*Pulmonary Metastases:\*\* The metastases to the left lung are slightly larger compared to the previous CT. The largest metastasis measures 4.2 x 2.8 cm.  
\* \*\*Possible Metastasis to T3 Vertebra:\*\* Abnormal sclerosis in the T3 vertebra is likely a new metastasis.  
\* \*\*Emphysema:\*\* Moderate centrilobular and paraseptal emphysema in the left lung, worse in the upper lobe.  
\* \*\*Right Pleural Effusion:\*\* Large right pleural effusion, unchanged from before.   
\* \*\*Enlarged Lymph Nodes:\*\* Enlarged lymph nodes in the right pulmonary hilum, right side of the mediastinum, and left supraclavicular region, unchanged from before. The largest node is in the right lower paratracheal region of the mediastinum and measures 3.9 x 3.6 cm.  
\* \*\*Subcentimeter Hypodense Lesions in Liver:\*\* Probably representing cysts, unchanged from before.   
\* \*\*Mild Biliary Tree Dilation:\*\* The CBD tapers normally to insert into the ampulla of Vater, unchanged from before.  
\* \*\*Pancreas:\*\* Multiple subcentimeter foci of calcification, likely due to dystrophic calcification from previous inflammation.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* Right lung mass, pulmonary metastases to the left lung, emphysema in the left lung.  
\* \*\*Superior Vena Cava (SVC):\*\* Obstructed by a mass in the right lung.  
\* \*\*Heart:\*\* Not explicitly mentioned, but likely involved due to SVC obstruction.  
\* \*\*Liver:\*\* Subcentimeter hypodense lesions, probably cysts.  
\* \*\*Biliary Tree:\*\* Mildly dilated.  
\* \*\*Pancreas:\*\* Multiple subcentimeter foci of calcification.  
\* \*\*Kidneys:\*\* Unremarkable, no hydronephrosis.  
\* \*\*Spleen:\*\* Unremarkable.  
\* \*\*Adrenal Glands:\*\* Unremarkable.  
\* \*\*Lymph Nodes:\*\* Enlarged in multiple locations.  
\* \*\*T3 Vertebra:\*\* Abnormal sclerosis, likely a metastasis.  
\* \*\*Urinary Bladder:\*\* Unremarkable.  
\* \*\*Prostate Gland:\*\* Unremarkable.  
\* \*\*Bowel:\*\* Appears normal.  
  
\*\*3. Symptoms or Phenomenon that would cause attention:\*\*  
  
\* \*\*SVC Obstruction:\*\* A serious condition that can lead to facial swelling, headache, and difficulty breathing.  
\* \*\*Pulmonary Metastases:\*\* The slightly larger metastases suggest the cancer is progressing.  
\* \*\*Possible Metastasis to T3 Vertebra:\*\* This is a concerning finding that may require further investigation and treatment.  
\* \*\*Enlarged Lymph Nodes:\*\* May indicate spread of cancer.  
\* \*\*Right Pleural Effusion:\*\* Can be a sign of infection, inflammation, or malignancy.  
\* \*\*Emphysema:\*\* Can worsen breathing and increase the risk of respiratory infections.  
\* \*\*Mild Biliary Tree Dilation:\*\* May indicate obstruction or inflammation.  
\* \*\*Subcentimeter Hypodense Lesions in Liver:\*\* While likely cysts, they require monitoring for potential changes.  
\* \*\*Calcifications in Pancreas:\*\* May be a sign of previous pancreatitis or other inflammatory conditions.   
  
\*\*Note:\*\* This summary is based solely on the provided radiology report. It does not include any medical interpretation or recommendations.