# Patient ID: 253, Performed Date: 09/12/2015 14:41

## Raw Radiology Report Extracted

Visit Number: 4c701b81a4a6479d43d831062e30152ec56b9d8701571aff79a02a074afa0e3f

Masked\_PatientID: 253

Order ID: 982463ae5de581bd15803f5413b75e927001493748c4129fe06cb872a217bdf6

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 09/12/2015 14:41

Line Num: 1

Text: HISTORY mets squmaous cell lung ca PD after #2 gem/carbo chemo break last month for restaging before starting 2nd line nivolumab TECHNIQUE Contrast-enhanced CT of the thorax, abdomen and pelvis. Intravenous contrast: Omnipaque350 - Volume (ml): 75 FINDINGS Comparison is made with the CT of 7 November 2015 done at and CC. The primary tumour in the right pulmonary hilum is larger, now measures 4.9 x 4.1 cm (series 402 image 41) compared to 3.7 x 2.5 cm before (series 2 image 26). It has now obliterated the lobar pulmonary artery to the upper lobe. It again obliterates the upper lobe bronchus and has now obliterated the bronchus intermedius. The SVC is now severely compressed. There is extensive air-space consolidation in the right lung, probably representing post-obstructive pneumonia. A drainage catheter has been inserted to drain the right pleural effusion. The coiled end of the catheter is in the right costophrenic angle. A moderateamount of gas and a small amount of residual fluid is seen in the right pleural cavity. The pulmonary metastases to the left lung are larger. For example, the largest metastasis now measures 2.2 x 1.6 cm (series 401 image 81) compared to 1.3 x 1.1 cm before (series 4 image 99). This metastasis is located in the subpleural aspect of the left lower lobe. The scarring and nodules in the superior segment of the left lower lobe are unchanged. They are consistent with the sequela of previous pulmonary tuberculosis. There is moderate-to-severe centrilobular emphysema in the left lung. In the abdomen, the liver shows a tiny subcentimetre hypodense lesion in segment 7, unchanged from before and probably representing a cyst. The biliary tree is mildly dilated down to the level of the ampulla of Vater but the CBD tapers normally to insert into the ampulla. In this location, no calcified calculus or other abnormality is identified. The main pancreatic duct is also not dilated. The patient is probably post-cholecystectomy. The pancreas shows multiple subcentimetre foci of calcification, probably representing dystrophic calcification. The spleen and adrenal glands are unremarkable. The kidneys are normal. There is no hydronephrosis. The bowel appears normal. No enlarged lymph node is seen in the retroperitoneum. No ascites is detected. No peritoneal nodule is identified. In the pelvis, the urinary bladder and prostate gland appear unremarkable. No skeletal metastasis is detected. CONCLUSION The primary tumour in the right lung is larger. The pulmonary metastases to the left lung are also larger. No abdominal or pelvic metastasis is identified although the biliary tree is now mildly dilated down to the ampulla of Vater, where no obstructing lesion is identified. May need further action Finalised by: <DOCTOR>

Accession Number: dd69ed6ae439c728b3bfc530760c823dda86861c875662e4351a8074941752d1

Updated Date Time: 09/12/2015 15:19

## Layman Explanation

The scan shows that the tumor in your right lung has gotten bigger. The spots in your left lung have also gotten bigger. However, there are no signs of the cancer spreading to your abdomen or pelvis. While the tubes that carry bile from your liver to your intestines are a bit wider than normal, there is no blockage.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) scan report\*\*.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Squamous cell lung cancer (lung ca):\*\* The report mentions a primary tumor in the right pulmonary hilum, which has grown larger since the previous scan.  
\* \*\*Pulmonary metastases:\*\* The report describes multiple metastases in the left lung, also larger than previously.  
\* \*\*Post-obstructive pneumonia:\*\* The report notes extensive air-space consolidation in the right lung, likely due to the obstruction caused by the primary tumor.   
\* \*\*Pulmonary tuberculosis:\*\* The report mentions scarring and nodules in the superior segment of the left lower lobe, consistent with previous pulmonary tuberculosis.  
\* \*\*Centrilobular emphysema:\*\* The report indicates moderate-to-severe centrilobular emphysema in the left lung.  
\* \*\*Possible post-cholecystectomy:\*\* The report suggests the patient may have had their gallbladder removed.   
\* \*\*Dystrophic calcification:\*\* The report identifies multiple subcentimetre foci of calcification in the pancreas, likely representing dystrophic calcification.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report details the primary tumor in the right lung, its growth and impact on surrounding structures. It also mentions pulmonary metastases in the left lung and the presence of post-obstructive pneumonia, emphysema, and scarring/nodules related to previous tuberculosis.   
\* \*\*Liver:\*\* The report notes a tiny, unchanged subcentimetre hypodense lesion in segment 7, likely representing a cyst.  
\* \*\*Biliary tree:\*\* The biliary tree is described as mildly dilated down to the level of the ampulla of Vater, with no identified obstructing lesion.  
\* \*\*Pancreas:\*\* The report mentions multiple subcentimetre foci of calcification in the pancreas.  
\* \*\*Spleen:\*\* The spleen is reported as unremarkable.  
\* \*\*Adrenal glands:\*\* The adrenal glands are reported as unremarkable.  
\* \*\*Kidneys:\*\* The kidneys are reported as normal, with no hydronephrosis.  
\* \*\*Bowel:\*\* The bowel appears normal.   
\* \*\*Retroperitoneum:\*\* No enlarged lymph nodes are seen in the retroperitoneum.  
\* \*\*Peritoneum:\*\* No ascites or peritoneal nodules are detected.  
\* \*\*Urinary bladder:\*\* The urinary bladder appears unremarkable.  
\* \*\*Prostate gland:\*\* The prostate gland appears unremarkable.  
\* \*\*Skeletal:\*\* No skeletal metastasis is detected.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Growth of primary tumor in right lung:\*\* The primary tumor has increased in size, and is now obliterating important structures like the lobar pulmonary artery and bronchi. This suggests potential worsening of the patient's condition and potential complications.   
\* \*\*Enlargement of pulmonary metastases:\*\* The size of the metastases in the left lung has increased, also indicating disease progression.  
\* \*\*Mild dilation of biliary tree:\*\* While no obstructing lesion was identified, the dilation of the biliary tree may require further investigation.   
\* \*\*Compression of the SVC:\*\* The superior vena cava (SVC) is severely compressed, potentially leading to symptoms like facial swelling, headache, and neck vein distention.   
\* \*\*Right pleural effusion:\*\* The report mentions a right pleural effusion and a drainage catheter has been inserted. This suggests fluid build-up in the pleural space, which may cause difficulty breathing or discomfort.