# Patient ID: 2689, Performed Date: 28/4/2015 13:58

## Raw Radiology Report Extracted

Visit Number: 0583f0d26e91574f21a2c814c15705c515bc8bdfe994f28165717ac38e22450b

Masked\_PatientID: 2689

Order ID: f2dde8edd0f66b1b33d032da4045c3e420208b619ad1a65f9101a05ee413b250

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 28/4/2015 13:58

Line Num: 1

Text: HISTORY large left pleural effusion for investigation, prev history of uterine mixed mullerian tumor s/p THBSO +PLND 2 yrs ago in phillippines TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350- Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Thorax There is a moderate sized left pleural effusion with irregular pleural masses at the left hemithorax. There is also a suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma (8062 image one There is some atelectasis in the left upper lobe associated with some adjacent ground-glass change. Changes may be due to scarring but and active inflammation cannot be excluded based on this solitary study. The right lung appears unremarkable. No enlarged hilar or mediastinal lymph nodes are present. There is some thickening of the anterior and left lateral portion of the pericardium associated with some anterior mediastinal soft tissues. The pericardial changes and the thickening of the soft tissues nonspecific and should be correlated with treatment history. Abdomen and pelvis. The liver has a smooth outline and no focal hepatic abnormality is seen. The spleen and both adrenals are unremarkable. A small calcific densities present in the right upper pole may be due to a small stone. No enlarged abdominal or pelvic lymph nodes are seen. The pancreas, shows some atrophy. Nosuspicious mass is identified. The gallbladder contains a few stones within the neck of the gallbladder. No dilatation of the bile ducts is seen. No enlarged abdominal lymph nodes are seen. The ascending colon shows a few uncomplicated diverticula. No free fluid is seen within the abdomen. Previous hysterectomy and presumed oophorectomy is identified. The bowel shows no suspicious thickening or dilatation. No destructive bony lesions seen. CONCLUSION Irregular soft tissue masses within the pleura and affecting the periphery of the left lung is compatible with that of a neoplastic process. In view of the submitted history, metastatic deposits to the right pleura and right lung should be considered. A primary pulmonary malignancy with pleural spread would be a less likely differential. No evidence of distal metastatic disease. differential diagnosis. May need further action Finalised by: <DOCTOR>

Accession Number: 99ac83b95f2be37a271642ccae106f920cec4ce4bf0c1b937f0d2af956e254c9

Updated Date Time: 28/4/2015 15:00

## Layman Explanation

The scan shows a moderate amount of fluid buildup in the left lung (left pleural effusion) along with irregular masses in the lining of the left lung. There is also a possibility of a mass in the lung itself. The scan also shows some scarring and possible inflammation in the left upper lung. The right lung appears normal.   
  
There is some thickening around the heart (pericardium), which may be related to previous treatment.  
  
The liver, spleen, and adrenal glands appear normal. There is a small stone in the right kidney. The pancreas is slightly smaller than normal. There are stones in the gallbladder.   
  
The colon shows some small, harmless pouches (diverticula). The scan shows that you have previously had a hysterectomy and likely had your ovaries removed. There is no sign of any cancerous growths in the abdomen.   
  
Overall, the scan shows changes in the left lung that are suspicious for cancer. The doctor may recommend further tests to determine the cause.

## Summary

The text is extracted from a \*\*Chest X-ray and Abdominal CT scan\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
\* \*\*Pleural effusion:\*\* Moderate sized left pleural effusion with irregular pleural masses at the left hemithorax.   
\* \*\*Metastatic deposits:\*\* In view of the submitted history, metastatic deposits to the right pleura and right lung should be considered.   
\* \*\*Primary pulmonary malignancy:\*\* A primary pulmonary malignancy with pleural spread would be a less likely differential.  
\* \*\*Atelectasis:\*\* Some atelectasis in the left upper lobe associated with some adjacent ground-glass change.  
\* \*\*Scarring:\*\* Changes may be due to scarring but active inflammation cannot be excluded based on this solitary study.  
\* \*\*Gallstones:\*\* The gallbladder contains a few stones within the neck of the gallbladder.   
\* \*\*Diverticula:\*\* The ascending colon shows a few uncomplicated diverticula.  
\* \*\*Uterine Mixed Mullerian Tumor:\*\* Previous history of uterine mixed mullerian tumor s/p THBSO +PLND 2 yrs ago in phillippines   
  
\*\*2. Organs mentioned:\*\*  
\* \*\*Lungs:\*\* There is a moderate sized left pleural effusion with irregular pleural masses at the left hemithorax. There is also a suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma. There is some atelectasis in the left upper lobe associated with some adjacent ground-glass change. The right lung appears unremarkable.  
\* \*\*Pleura:\*\* There is a moderate sized left pleural effusion with irregular pleural masses at the left hemithorax. There is also a suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma.   
\* \*\*Pericardium:\*\* There is some thickening of the anterior and left lateral portion of the pericardium associated with some anterior mediastinal soft tissues.  
\* \*\*Liver:\*\* The liver has a smooth outline and no focal hepatic abnormality is seen.  
\* \*\*Spleen:\*\* The spleen is unremarkable.  
\* \*\*Adrenals:\*\* Both adrenals are unremarkable.  
\* \*\*Pancreas:\*\* The pancreas shows some atrophy.  
\* \*\*Gallbladder:\*\* The gallbladder contains a few stones within the neck of the gallbladder.   
\* \*\*Bile ducts:\*\* No dilatation of the bile ducts is seen.  
\* \*\*Colon:\*\* The ascending colon shows a few uncomplicated diverticula.  
\* \*\*Abdomen:\*\* No free fluid is seen within the abdomen.  
\* \*\*Pelvis:\*\* Previous hysterectomy and presumed oophorectomy is identified.   
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
\* \*\*Irregular soft tissue masses within the pleura and affecting the periphery of the left lung:\*\* Compatible with that of a neoplastic process.  
\* \*\*Suspicion of a confluent soft tissue mass at the visceral pleura with extension into the lung parenchyma:\*\* Concerns for a possible mass.  
\* \*\*Thickening of the anterior and left lateral portion of the pericardium associated with some anterior mediastinal soft tissues:\*\* Nonspecific and should be correlated with treatment history.  
\* \*\*A small calcific densities present in the right upper pole:\*\* May be due to a small stone.  
\* \*\*The pancreas shows some atrophy:\*\* May indicate underlying medical issues.   
\* \*\*The ascending colon shows a few uncomplicated diverticula:\*\* May cause future complications.  
\* \*\*Previous hysterectomy and presumed oophorectomy:\*\* Prior medical history that could impact the interpretation of the findings.