# Patient ID: 2856, Performed Date: 29/1/2018 16:25

## Raw Radiology Report Extracted

Visit Number: 41cdbc01ec7b1d56f0f56d12e02e5de7495169b760129272344791ba241998bb

Masked\_PatientID: 2856

Order ID: 006dc24f98ae78d20f1219eea0e765a38c1d4398695d5eb12f886ee73454b2e2

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/1/2018 16:25

Line Num: 1

Text: HISTORY New right pleural effusion with right UZ mass, previous breast CA s/p WEAC 20yrs ago TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS A 3.1 x 2.8cm lobulated soft tissue mass in the right lung upper lobe tethered to the pleura is noted. The tip of the right pleural drainage catheter is within the oblique / posterior part of the horizontal fissure and there are perifissural nodular opacities that raise possibility of metastatic disease. Residual right pleural effusion is smaller than on the previous chest radiographs performed within the last 2 days. ® apical tiny amount of pneumothorax is noted along with moderate amounts of subcutaneous emphysema in ® chest wall. Atelectasis and consolidation is present in the medial aspect of the basal right lung lower lobe. There are also patchy ground-glass opacities in the basal right lower lobe, middle lobe and the most inferior aspect of the right lung upper lobe, non-specific. The left lung is clear. Small volume right paratracheal lymph nodes are not enlarged by size criteria. Status post partial resection of the left breast. Bone settings show no overt destructive lesion. CONCLUSION Suspicious for ® lung cancer with pleural metastases. Suggest confirmation with pleural fluid analysis/ biopsy. May need further action Finalised by: <DOCTOR>

Accession Number: 00a241564a7f3e7fe4563ac6fa48af6e93f641347e325555f1647f098ad0a64c

Updated Date Time: 29/1/2018 16:55

## Layman Explanation

The scan shows a suspicious mass in the upper part of your right lung that is connected to the lining of the lung. There are also small spots near this area, which may be signs of cancer that has spread. The fluid in your right lung has decreased since your last scan. There is also a small amount of air trapped in your right lung and some bruising under your skin. The scan also shows some areas of collapsed lung and thickening in the lower part of your right lung. The doctor recommends further tests to confirm the diagnosis and may need to take further action.

## Summary

The text is extracted from a \*\*Chest CT scan\*\* report.  
  
Here's a summary based on your guiding questions:  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Right lung cancer with pleural metastases:\*\* A 3.1 x 2.8cm lobulated soft tissue mass in the right lung upper lobe is tethered to the pleura, raising suspicion of lung cancer. The report mentions perifissural nodular opacities which suggest possible metastatic disease.  
\* \*\*Previous breast cancer (s/p WEAC 20yrs ago):\*\* The patient has a history of breast cancer, which was treated with Wide Excision and Axillary Clearance 20 years ago.  
\* \*\*Pneumothorax:\*\* A small amount of pneumothorax is noted in the right apex.  
\* \*\*Subcutaneous emphysema:\*\* Moderate amounts of subcutaneous emphysema are present in the right chest wall.  
\* \*\*Atelectasis and consolidation:\*\* Present in the medial aspect of the basal right lung lower lobe.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Right lung:\*\* A mass is found in the upper lobe, along with pleural effusion, atelectasis, consolidation, and ground-glass opacities in the lower and middle lobes.   
\* \*\*Right pleura:\*\* The mass is tethered to the pleura, and there is residual pleural effusion.  
\* \*\*Left lung:\*\* Clear.  
\* \*\*Right paratracheal lymph nodes:\*\* Not enlarged.  
\* \*\*Left breast:\*\* Status post partial resection.  
\* \*\*Bones:\*\* No overt destructive lesions are seen.  
  
\*\*3. Symptoms or Phenomenon of Concern:\*\*  
  
\* \*\*Pleural effusion:\*\* The report mentions a residual right pleural effusion, smaller than on previous radiographs.  
\* \*\*Perifissural nodular opacities:\*\* These opacities suggest possible metastatic disease.  
\* \*\*Pneumothorax:\*\* A small amount of pneumothorax is noted in the right apex, potentially related to the pleural effusion or procedures.  
\* \*\*Subcutaneous emphysema:\*\* Indicates air trapped in the tissues, potentially related to procedures or pneumothorax.   
\* \*\*Atelectasis and consolidation:\*\* Suggests collapsed or inflamed lung tissue, potentially related to the mass or other factors.  
\* \*\*Ground-glass opacities:\*\* These are non-specific findings, but could be related to inflammation, infection, or other conditions.