# Patient ID: 434, Performed Date: 12/3/2019 16:52

## Raw Radiology Report Extracted

Visit Number: fcbfec18536f2b5c004142dce5d19a0e0e472213f4489884dde90dcbe1075d1b

Masked\_PatientID: 434

Order ID: a58abea529a63813f323e67230d7b9b6de3ed173007e3dcc616d8110415bb354

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 12/3/2019 16:52

Line Num: 1

Text: HISTORY Right MZ mass with R LZ opacity likely malignancy ?primary b\g Stage 1C G1 endometrial cancer s\p THBSO nov 2000 , pelvic RT - Cervical biopsy march 16 CIN1 --> conservatively managed - Vault smear Mar 2019: Atypical squamous cellsof undetermined significance (ASCUS). TECHNIQUE Contrast enhanced CT of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS Reference is made to the prior chest radiograph dated 11 March 2019, 6 March 2019 and 1 November 2007. There is a 10.1 x 6.1 cm fairly homogenous mass in the right hemithorax (5-34). It appears to be pleural-based, extending into the transverse fissure (501-71) and also extending along the anterolateral aspect of the right hemithorax (5-31). This mass appears to displace and compress the adjacent lung parenchyma and the anterior segmental branches of the right upper lobe. There is another broad-based nodule in the middle lobe lateral segment, which has a broad base abutting the oblique fissure (7-44 and 6-55). This is also suspicious for a pleural based lesion. Small flat opacities in the right lower lobe lateral basal segment (6-63) and medial basal segment (6-70) favour inflammatory lesions. No suspicious lesion is seen in the left lung. The central airways are patent. No significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart size is within normal limits. No pleural or pericardial effusion is seen. No suspicious focal hepatic lesion is seen. There is uncomplicated cholelithiasis. Mild gall bladder fundal mural thickening is probably adenomyomatosis. The biliary tree is normal in calibre. The spleen, pancreas and adrenal glands appear unremarkable. Tiny hypodensities in both kidneys are non-specific but likely cysts. The urinary bladder appears unremarkable. Previous hysterectomy noted. No suspicious pelvic mass is identified. Bowel calibre and distributionare within normal limits. No significantly enlarged para-aortic or pelvic lymph node is identified. No ascites or pneumoperitoneum is seen. No destructive bone lesion is evident. CONCLUSION Large right-sided pleural-based mass centred in the horizontal fissure, displacing the right upper lobe. Another smaller pleural based lesion is seen in the middle lobe. The appearance suggests pleural-based lesions (e.g. fibrous tumour). The features are atypical for pleural metastases. Histological evaluation suggested. No overt invasion of adjacent structures, significantly enlarged lymph node or definite distant metastasis detected. Uncomplicated cholelithiasis. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: ef5c8c5a60e2aaf62ab764e68952c28b54a747d8d2329f766995cb79d11e416d

Updated Date Time: 12/3/2019 19:22

## Layman Explanation

The scan showed a large mass on the right side of your chest, near the area where the lungs are divided. This mass is pushing on the lung and might be a type of fibrous tumor. It doesn't look like cancer that has spread from another part of the body.   
  
There is also a smaller mass in the middle lobe of your lung, which is also likely a fibrous tumor.  
  
The scan also showed some small, harmless growths in your gallbladder.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) Scan\*\* report.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*Right-sided pleural-based mass:\*\* The report highlights a large mass in the right hemithorax, which appears to be pleural-based, meaning it originates from the pleura, the membrane that surrounds the lungs. This mass is described as displacing the right upper lobe and suggests a fibrous tumor.   
\* \*\*Pleural-based lesion in the middle lobe:\*\* A smaller lesion in the middle lobe is also identified, and its characteristics are suggestive of being pleural-based.  
\* \*\*Endometrial cancer:\*\* The patient's history mentions a Stage 1C G1 endometrial cancer. This information is relevant as it may relate to the pleural masses, though the report does not explicitly state a connection.  
\* \*\*Cholelithiasis (gallstones):\*\* Uncomplicated gallstones are identified, and there is mild thickening of the gallbladder wall, likely due to adenomyomatosis (a benign condition).  
\* \*\*Cervical intraepithelial neoplasia (CIN1):\*\* The history notes a biopsy in March 2016 that revealed CIN1, a precancerous condition of the cervix, which was managed conservatively.  
\* \*\*Atypical squamous cells of undetermined significance (ASCUS):\*\* A vault smear in March 2019 showed ASCUS, another precancerous condition, indicating abnormal cervical cells.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report focuses on the lungs, noting the presence of the pleural masses in the right hemithorax and middle lobe. It also describes displacement and compression of lung parenchyma, the functional tissue of the lungs, by the masses.  
\* \*\*Pleura:\*\* The pleural masses are the primary focus of the report, with detailed descriptions of their location, size, and appearance.  
\* \*\*Heart:\*\* The heart size is within normal limits, and there is no pericardial effusion (fluid around the heart).  
\* \*\*Liver:\*\* No suspicious focal hepatic lesions (abnormalities in the liver) are identified.  
\* \*\*Gallbladder:\*\* Cholelithiasis (gallstones) and mild gallbladder wall thickening are noted.  
\* \*\*Biliary tree:\*\* The biliary tree, the network of ducts that carry bile from the liver, is reported as normal in caliber.  
\* \*\*Spleen, pancreas, and adrenal glands:\*\* These organs appear unremarkable.  
\* \*\*Kidneys:\*\* Tiny hypodensities (areas of decreased density) are seen, but they are considered non-specific and likely represent cysts.  
\* \*\*Urinary bladder:\*\* The bladder appears unremarkable.  
\* \*\*Pelvis:\*\* The report notes a previous hysterectomy and absence of suspicious pelvic masses.  
\* \*\*Bowel:\*\* Bowel calibre and distribution are within normal limits.  
\* \*\*Lymph nodes:\*\* No significantly enlarged mediastinal, hilar, supraclavicular, axillary, para-aortic, or pelvic lymph nodes are identified.  
\* \*\*Bones:\*\* No destructive bone lesions are evident.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Large right-sided pleural-based mass:\*\* The size and location of this mass are concerning and require further investigation. The report suggests the possibility of a fibrous tumor.  
\* \*\*Pleural-based lesion in the middle lobe:\*\* This lesion, while smaller, also warrants further evaluation.  
\* \*\*Atypical features for pleural metastases:\*\* The report notes that the appearance of the pleural masses is atypical for metastases (spread of cancer), but further investigation through histological evaluation is recommended.  
\* \*\*Report Indicator:\*\* The report specifically indicates the need for further action or early intervention.  
  
Overall, the CT scan report highlights the presence of concerning pleural-based masses in the lungs. The report requires further investigation, including histological evaluation, to determine the nature and extent of these lesions.