# Patient ID: 69, Performed Date: 22/7/2016 17:54

## Raw Radiology Report Extracted

Visit Number: 6ca23dade0899c260710a5926107bccf1cfd1ca064fb927f60874d48990a8d03

Masked\_PatientID: 69

Order ID: ab01bd480c417846bf899a1df106933d04702554c73dfe08b3eb084f4c82a30e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/7/2016 17:54

Line Num: 1

Text: HISTORY Stage 3B adenosquamous CA on trial drug presenting with AMS and acute SOB/hypotension TRO drug induced pneumonitis - also for restaging on trial drug TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume (ml): 80 FINDINGS The previous CT dated 06/06/2016 is noted. THORAX The hypodensity where the right pulmonary vein enters the left atrium is again seen (5/52). It is largely stable and suspicious for a thrombus. The heart is enlarged. No prominent filling defect within the pulmonary arterial branches is detected. There is no pericardial effusion. There is a stable enlarged right supraclavicular lymph node. New enlarged mediastinal lymph nodes are also detected. For instance, in the prevascular station, the lymph node has a short axis of 1.0 cm (5/28). The lymph nodes in the lower paratracheal stations are also enlarged. No new enlarged hilar lymph nodes is seen. Interval prominence of soft tissue nodules in the anterior mediastinum is nonspecific for a tiny lymph nodes or thymic hyperplasia. Taking into account the slightly positional differences, the right lower lobe pulmonary mass is relatively stable at 3. 2 x 3.2 cm. No new pulmonary nodule is detected. Subpleural lines are seen. Subsegmental atelectasis is seen in the dependent part of the right lower lobe adjacent to the new small right pleural effusion. ABDOMEN AND PELVIS Generalised hypoattenuation of the liver suggestive of hepatic steatosis. The gallbladder contains calculi and it has a very oedematous wall. No significant pericholecystic stranding is detected. There is scarring in bilateral kidneys, which are otherwise unremarkable. The spleen, pancreas, adrenal glands and bowel appear unremarkable. The uterus and ovaries are not detected, possible related to previous surgery. Subcutaneous hyperdensities in the anterior abdominal wall are smaller are likely related to injections. No significantly enlarged intra-abdominal or pelvic lymph node is seen. Non-specific, small amount of free intraperitoneal fluid may be physiological. The bones appear unremarkable. CONCLUSION Since 06/06/2016: - New enlarged mediastinal lymph nodes and a stable enlarged right supraclavicular lymph node. - The right lower lobe irregular pulmonary mass that extends to the right hilum is suspicious for malignancy and is relatively unchanged in size. No new suspicious pulmonary lesion is detected. - New right small pleural effusion. - The gallbladder contains calculi and is wall is very oedematous though there is no pericholecystic stranding. This is nonspecific. - Thrombus where the right pulmonary vein enters the left atrium appears unchanged. May need further action Finalised by: <DOCTOR>

Accession Number: 6c6913a55701b22c6acf993d336a2e79fa0944ff09b6339f1b1f153a7be400a0

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## Layman Explanation

The scan shows that some lymph nodes in the chest area have grown larger since the last scan. A mass in the right lung, near the lung's center, is still there and looks like it might be cancer. There is also a small amount of fluid in the space between the right lung and the chest wall. The gallbladder has stones inside and is swollen, but there is no sign of infection around it. The blood clot in the heart remains the same, and may need further investigation.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) scan report\*\*.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Adenosquamous carcinoma (CA):\*\* The report mentions a "Stage 3B adenosquamous CA" which is a type of lung cancer. The patient is on a trial drug and is presenting with AMS (altered mental status) and acute shortness of breath (SOB) and hypotension.  
\* \*\*Drug-induced pneumonitis:\*\* The report states "TRO drug induced pneumonitis", suggesting the patient is experiencing lung inflammation due to a medication.  
\* \*\*Hepatic steatosis:\*\* This is mentioned in the report, indicating fatty liver disease.  
\* \*\*Gallbladder calculi:\*\* The report notes the presence of gallstones in the gallbladder.  
\* \*\*Gallbladder wall edema:\*\* The report states that the gallbladder wall is "very oedematous", suggesting swelling.   
\* \*\*Subcutaneous hyperdensities:\*\* The report notes subcutaneous hyperdensities in the anterior abdominal wall which are likely related to injections.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* The report highlights several findings related to the lungs including:  
 \* "Stable enlarged right supraclavicular lymph node"  
 \* "New enlarged mediastinal lymph nodes"  
 \* "Right lower lobe irregular pulmonary mass"  
 \* "Right small pleural effusion"  
 \* "Subpleural lines"  
 \* "Subsegmental atelectasis in the dependent part of the right lower lobe"  
\* \*\*Heart:\*\* The report mentions "The heart is enlarged".  
\* \*\*Pulmonary veins:\*\* A hypodensity at the point where the right pulmonary vein enters the left atrium is suspected to be a thrombus.  
\* \*\*Pulmonary arteries:\*\* No filling defects are noted in the pulmonary arteries.  
\* \*\*Liver:\*\* General hypoattenuation suggests hepatic steatosis.  
\* \*\*Gallbladder:\*\* The gallbladder contains calculi and has an oedematous wall.  
\* \*\*Kidneys:\*\* The report mentions scarring in both kidneys, but otherwise, they appear unremarkable.  
\* \*\*Spleen, pancreas, adrenal glands, and bowel:\*\* These organs appear unremarkable.  
\* \*\*Uterus and ovaries:\*\* Not detected, likely due to previous surgery.  
\* \*\*Bones:\*\* Appear unremarkable.   
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Enlarged lymph nodes:\*\* New mediastinal lymph nodes are enlarged and a stable enlarged right supraclavicular lymph node is present.  
\* \*\*Right lower lobe pulmonary mass:\*\* This mass is described as "irregular" and "suspicious for malignancy".  
\* \*\*Right small pleural effusion:\*\* This suggests fluid accumulation in the right pleural space, which can be a sign of infection or other lung problems.  
\* \*\*Gallbladder wall edema:\*\* The very edematous wall of the gallbladder is concerning.  
\* \*\*Thrombus:\*\* The suspicion of a thrombus (blood clot) where the right pulmonary vein enters the left atrium is concerning as it could lead to a pulmonary embolism.