# Patient ID: 1508, Performed Date: 04/8/2015 17:38

## Raw Radiology Report Extracted

Visit Number: 98eaf0ed8e669764cdd213758981584992d42820e298bc2535151be4add3d317

Masked\_PatientID: 1508

Order ID: 290748ebbb3de788bdd32da0d98f15b968a215757b00f800afbace4f9b42914a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/8/2015 17:38

Line Num: 1

Text: HISTORY met NSCLC adm for SOB req FM O2 bilat UL changes ?increasing mets vs infective changes TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison study: 17 June 2015 Of note is the development of a saddle embolus in the right pulmonary artery extending into the right upper lobe and lower lobar branches. There is also airspace shadowing and ground glass opacification in the right upper lobe and compressive atelectasis of the left lower lobe. The spiculated right perihilar mass measures about 3.1 x 4.3 x 2.3 cm. The right middle lobe / fissural mass measures about 3.8 x 1.8 x 2.8 cm. Visually, these appear stable in size. There are numerous nodules scattered throughout both lungs and these appear roughly stable in size and number. However, there is interval increase in size of the left upper lobe mass which is encasing the left upper lobe pulmonary artery. Together with adjacent collapse cum consolidation, it now measures about 6.1 x 4.4 x 5.7 cm. Interval increase in size of the left pleural effusion with stable small right pleural effusion. There is a metastatic lesion noted in the liver in segment IV. Sclerotic metastasis involving T1, T2, T4- T7, T12. There is associated pathological fracture of T4, T6 and T7 vertebral bodies. The T7 fracture is new. New bilateral pleural effusions, left > right. CONCLUSION 1. Interval development of a saddle embolus in the right pulmonary artery associated with air space shadowing and ground glass opacification in the right upper lobe. 2. Interval progression of the left upper lobe mass with associated collapse and consolidation and encasement of the left upper lobar pulmonary artery. 3. Right perihilar and fissural mass as well as pulmonary metastasis are relatively stable. 4. Interval increase in size of the right pleural effusion associated with compressive atelectasis of the right lower lobe. 5. Stable metastatic disease in the thoracic spine with pathological fractures of T4 and T6. Interval pathological fracture of T7. 6. New segment IV hepatic metastasis. Critical result notification: Dr Teoh Hui Lin was informed of the findings by Dr Png MA on 4/8/2015 at 06:35 p.m. Critical Abnormal Finalised by: <DOCTOR>

Accession Number: c1e350ff4fc17239de92307fb9c6d7ddfb6860133a22330036664b9b36be9e7c

Updated Date Time: 04/8/2015 18:46

## Layman Explanation

Error generating summary.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* CT scan (likely chest CT)  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*NSCLC (Non-Small Cell Lung Cancer):\*\* The report mentions "met NSCLC," indicating the patient has been diagnosed with non-small cell lung cancer.  
\* \*\*Metastasis:\*\* The report describes multiple metastatic lesions in the lungs, liver, and thoracic spine.   
\* \*\*Pulmonary Embolism:\*\* The report indicates the development of a "saddle embolus" in the right pulmonary artery. This is a serious condition where a blood clot blocks the main artery in the lungs.  
\* \*\*Compressive Atelectasis:\*\* The report mentions "compressive atelectasis" in the left lower lobe, suggesting the lung tissue is collapsed due to external pressure.  
\* \*\*Pathological Fracture:\*\* The report mentions "pathological fracture" of the T4, T6, and T7 vertebral bodies. This indicates that the fractures occurred due to weakening of the bones caused by the cancer.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report focuses on the lungs, describing various abnormalities including:  
 \* Right pulmonary artery (saddle embolus)  
 \* Right upper lobe (airspace shadowing, ground glass opacification)  
 \* Left lower lobe (compressive atelectasis)  
 \* Multiple nodules scattered throughout both lungs   
 \* Left upper lobe mass (encasing the left upper lobe pulmonary artery)  
\* \*\*Liver:\*\* The report notes a "metastatic lesion" in segment IV of the liver.   
\* \*\*Thoracic Spine:\*\* The report describes metastatic lesions involving T1, T2, T4-T7, and T12 vertebrae with pathological fractures in T4, T6, and T7.  
\* \*\*Pleura:\*\* The report mentions "pleural effusions" on both sides, with larger effusion on the left side.   
  
\*\*3. Symptoms/Phenomenon:\*\*  
  
\* \*\*SOB (Shortness of Breath):\*\* This symptom prompted the patient to seek medical attention and receive the CT scan.   
\* \*\*Increased Size of Lung Lesions:\*\* The report describes the increase in size of the left upper lobe mass and right pleural effusion, indicating progression of the cancer.   
\* \*\*New Lesions:\*\* The report notes the development of a new "saddle embolus" in the right pulmonary artery and a new pathological fracture in T7.   
\* \*\*Stable Lesions:\*\* The report also mentions some lesions, such as the right perihilar and fissural mass, and pulmonary metastasis, are stable in size.  
  
\*\*Overall, this report highlights the progression of NSCLC with multiple metastases and the development of new and critical complications like a pulmonary embolism and new pathological fractures.\*\*