# Patient ID: 1963, Performed Date: 02/2/2017 20:34

## Raw Radiology Report Extracted

Visit Number: 573f50a730a22d852711ad6ab3af848c36aa588548f611438d1a4ac6ae95c752

Masked\_PatientID: 1963

Order ID: 88fdcf500bcd292087472d8151168edeb8723faa1d8bc680cd48e8066dc8474d

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 02/2/2017 20:34

Line Num: 1

Text: HISTORY Desaturation for ix; Hx of metastatic colon adenocarcinoma to lung Hx of asthma currently has type 1 respi failure with SOB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume(ml): 75 FINDINGS Compared with previous CT study dated 10/11/2016. The pulmonary trunk, main pulmonary arteries, their lobar, segmental and proximal subsegmental branches opacify normally without any filling defects to suspect pulmonary emboli. The rest of the mediastinal vasculature also enhances normally. No pericardial effusion. The enlarged lymph nodes at right hilum, subcarinal and pretracheal regions are noted again, some of these appear larger now example compare 402 - 30 current versus 2-20 previous). Multiple spiculated and lobulated lung nodules are also present, more numerous in right lower lobe. These also show interval increase in size and are likely metastatic. A peripheral area of consolidation in right lower lobe (401-90) is marginally more prominent now with interval development of other smaller areas inferior to it. Some airway thickening, mucous plugging and interstitial thickening is also seen now. Part of these may represent infective / inflammatory changes. Background emphysematous changes are noted again. A small right effusion has developed in the interval. The major airways are patent. Multiple interval new hepatic hypodensities are seen (501-20), highly suspicious for metastasis. Other hepatic hypodensities are stable and may represent cysts. Bilateral renal hypodensities are stable and too small for characterisation but likely cysts. There is a nonobstructing right renal calculus. Nodular thickening of the left adrenal gland (501-22), indeterminate. The spleen, pancreas, gallbladder, right adrenal gland appear grossly unremarkable. Previous right hemicolectomy with no evidence of recurrent mass or bowel dilatation. No enlarged retroperitoneal nodes, ascites or peritoneal nodularity. The prostate gland is enlarged. The bone windows do not reveal any destructive bony lesions. A few small sclerotic foci present in lumbar vertebral bodies, nonspecific. There is chronic total occlusion of the right external iliac artery with re formation at the level of the superficial femoral artery. CONCLUSION Status post right hemicolectomy. Compared to previous CT study of 10/11/2016,interval development of multiple new hepatic hypodensities, highly suspicious for metastasis. Mediastinal and right hilar adenopathy as well as spiculated lesions in the lungs, particularly in right lower lobe also show interval increase in size, indicating disease progression. Left adrenal nodular thickening, indeterminate. A peripheral area of consolidation in right lower lobe appears marginally more prominent now with interval new smaller areas adjacent to it with some airway and interstitial thickening. Part of these may represent infective / inflammatory changes and would need clinical correlation. A small right effusion. Negative CT study for pulmonary embolism.. Other minor findings as described above, stable. May need further action Finalised by: <DOCTOR>

Accession Number: 495710682875c2d0995351965d55c55d7ac913b7bba1c3f9333303cdab8e9534

Updated Date Time: 03/2/2017 10:15

## Layman Explanation

This scan compares your current condition to a previous scan from October 11, 2016. The results show some changes that indicate your cancer may be getting worse. There are new areas of concern in your liver, which are likely related to the spread of cancer. The lymph nodes in your chest have also grown. The tiny growths in your lungs have also increased in size, especially in the right lower lung. There is also some inflammation in the right lower lung which may be related to infection. There is a small amount of fluid in the right lung. Your kidney has a small stone. There is thickening of the left adrenal gland, but the cause is unclear. Overall, this scan shows signs of cancer progression. Your doctor will discuss these findings with you and recommend further action.

## Summary

The text is extracted from a \*\*Computed Tomography (CT) scan report\*\*.   
  
Here's a summary based on your guiding questions:  
  
\*\*1. Diseases:\*\*  
  
\* \*\*Metastatic colon adenocarcinoma to lung:\*\* The report notes that the patient has a history of this condition. The CT scan shows new hepatic hypodensities, which are highly suspicious for metastasis, and the lung nodules have increased in size, indicating disease progression.  
\* \*\*Asthma:\*\* The report mentions the patient's history of asthma.   
\* \*\*Type 1 Respiratory Failure:\*\* The report mentions the patient is experiencing Type 1 respiratory failure.   
\* \*\*Infective / Inflammatory Changes:\*\* The report notes some airway and interstitial thickening, suggesting the possibility of infective/inflammatory changes. This requires clinical correlation.  
\* \*\*Chronic total occlusion of the right external iliac artery:\*\* The report mentions this finding, which may be related to the patient's condition or other health concerns.  
\* \*\*Right renal calculus:\*\* The report mentions a non-obstructing right renal calculus.   
  
\*\*2. Organs:\*\*  
  
\* \*\*Lungs:\*\* Multiple spiculated and lobulated lung nodules are present, more numerous in the right lower lobe. These nodules have increased in size. A peripheral area of consolidation in the right lower lobe is more prominent now with interval development of other smaller areas inferior to it. Some airway thickening, mucous plugging, and interstitial thickening are also seen. Background emphysematous changes are noted.  
\* \*\*Heart:\*\* No pericardial effusion.  
\* \*\*Mediastinum:\*\* Enlarged lymph nodes at the right hilum, subcarinal, and pretracheal regions are noted.  
\* \*\*Liver:\*\* Multiple interval new hepatic hypodensities are seen, highly suspicious for metastasis. Other hepatic hypodensities are stable and may represent cysts.  
\* \*\*Kidneys:\*\* Bilateral renal hypodensities are stable and likely cysts. There is a non-obstructing right renal calculus.  
\* \*\*Adrenals:\*\* Nodular thickening of the left adrenal gland is indeterminate. The right adrenal gland appears grossly unremarkable.  
\* \*\*Spleen:\*\* The spleen appears grossly unremarkable.  
\* \*\*Pancreas:\*\* The pancreas appears grossly unremarkable.  
\* \*\*Gallbladder:\*\* The gallbladder appears grossly unremarkable.  
\* \*\*Bowel:\*\* Previous right hemicolectomy with no evidence of recurrent mass or bowel dilatation.  
\* \*\*Retroperitoneum:\*\* No enlarged retroperitoneal nodes, ascites, or peritoneal nodularity.  
\* \*\*Prostate:\*\* The prostate gland is enlarged.  
\* \*\*Bones:\*\* A few small sclerotic foci present in lumbar vertebral bodies, non-specific.  
\* \*\*Arteries:\*\* Chronic total occlusion of the right external iliac artery with re-formation at the level of the superficial femoral artery.  
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Desaturation:\*\* The patient experienced desaturation, indicating low blood oxygen levels.  
\* \*\*Shortness of Breath (SOB):\*\* The patient is experiencing shortness of breath, a common symptom of respiratory problems.  
\* \*\*Interval Increase in Size of Lung Nodules and Hepatic Hypodensities:\*\* The CT scan revealed that the lung nodules and hepatic hypodensities have increased in size, suggesting disease progression.  
\* \*\*Airway and Interstitial Thickening:\*\* This finding may suggest infective/inflammatory changes and requires further clinical investigation.  
\* \*\*Right Effusion:\*\* A small right effusion has developed, which might indicate fluid accumulation in the right pleural space.   
\* \*\*Left Adrenal Nodular Thickening:\*\* This finding is indeterminate and requires further investigation.  
  
\*\*Overall, the CT scan reveals findings consistent with disease progression, including metastatic disease to the liver and lungs, and suggests potential areas of concern that warrant further clinical evaluation.\*\*