# Patient ID: 2107, Performed Date: 15/11/2019 14:20

## Raw Radiology Report Extracted

Visit Number: 1f1f753f5309e52c4f0d7df564ddcd8c9c8456a5292667fd8729f50a263c582e

Masked\_PatientID: 2107

Order ID: 66ff03434d0942ab159c344345d13c99e77005148312cb3dc333638952169022

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/11/2019 14:20

Line Num: 1

Text: HISTORY right lung lower zone consolidation - presents with 8 das of SOBm LOW (unable to quantify) - no fever, cough, hemoptysis, coryzal symptoms - heavy smoker 120 pack years TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with previous chest radiographs. There is a large pulmonary mass lesion in the middle lobe approximately measuring 8 x 4.6-cm (6-60, 7-40). At the medial aspect, the massis contiguous with peribronchial soft tissue thickening which narrows the middle lobe bronchi. Contiguous enlarged right hilar, interlobar and right lower lobar nodes are present. Diffuse peribronchial thickening as well as septal thickening inthe right upper lobe, middle lobe and medial basal segment of the right lower lobar are suggestive of lymphangitis carcinomatosis. Bulky mediastinal lymphadenopathy involving most stations, the larger nodes are present in the subcarinal regionapproximately measuring 5.4 x 4 cm and in the right lower paratracheal location approximately measuring 3.8 x 5 cm. There is mass effect of these lymph nodes with mild compression of the SVC and compression of bilateral pulmonary arteries with anterior displacement of the right pulmonary artery. There are enlarged right supraclavicular nodes measuring up to 1.3 cm in short axis (5-11). Moderate sized pericardial effusion is present. The heart is not enlarged. No pleural effusion detected. Background mild centrilobular emphysematous changes are noted in the upper lobes. Mild peribronchial as well as some septal thickening in the left upper lobe in the perihilar region raise possibility of early lymphangitis. No discrete adrenal mass detected. A small ill-defined hypodensity in segment 4 of the liver is indeterminate (5-104). A few renal cysts are present bilaterally measuring up to 3 cm in the right upper pole. A tiny partially imaged hyperdense focus at the right interpolar region may represent hyperdense cyst (5-121). No focal destructive bony lesion is detected. CONCLUSION The large pulmonary mass in the middle lobe is suspicious for primary lung malignancy. Extensive bilateral interlobar, hilar, mediastinal and right supraclavicular lymphadenopathy are in keeping with metastatic adenopathy. Mass effect of the lymph nodes with mild compression of the SVC and bilateral pulmonary arteries noted. Moderate pericardial effusion is also seen. Extensive peribronchial soft tissue thickening as well as septal thickening in the right lung as well as to a lesser extent in the left upper lobe are suspicious for lymphangitis carcinomatosis. Mild background centrilobular emphysema. Thesmall subcentimetre hypodense lesion in segment 4 of the liver is indeterminate. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 71b45b144561780f901317fcf816c9633596364564766d27d29ef8470a74cf79

Updated Date Time: 15/11/2019 15:38

## Layman Explanation

The scan shows a large mass in the middle part of your right lung. This mass is concerning for cancer. There are also many enlarged lymph nodes throughout your chest, including around the windpipe, near the heart, and in the space between the lungs. These enlarged lymph nodes also suggest cancer spread. The lymph nodes are pressing slightly on the main vein in your chest (superior vena cava) and the blood vessels leading to your lungs. There is also a small amount of fluid around your heart (pericardial effusion). Additionally, there are changes in your lungs that suggest inflammation from the cancer spreading (lymphangitis carcinomatosis). The scan also shows some mild emphysema in your upper lungs, which is a condition where the air sacs in your lungs are damaged.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Disease(s):\*\*   
  
\* \*\*Primary lung malignancy:\*\* This is the primary concern raised in the report. The large pulmonary mass in the middle lobe is highly suggestive of this diagnosis.  
\* \*\*Metastatic adenopathy:\*\* The report describes extensive lymph node enlargement in various locations, including interlobar, hilar, mediastinal, and supraclavicular regions. This finding supports the possibility of metastatic spread from a primary malignancy.  
\* \*\*Lymphangitis carcinomatosis:\*\* The report suggests this condition based on the presence of peribronchial and septal thickening in both lungs. This signifies spread of cancer cells through lymphatic vessels.  
\* \*\*Centrilobular emphysema:\*\* This condition is mentioned as a background finding, suggesting pre-existing lung damage.  
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report focuses on the lungs, describing the pulmonary mass, lymph node involvement, and thickening of bronchi and septal structures.   
\* \*\*Lymph nodes:\*\* Extensive lymph node enlargement is described in the hilar, mediastinal, and supraclavicular regions, along with their impact on surrounding structures.  
\* \*\*Heart:\*\* The report mentions the presence of a moderate pericardial effusion, indicating fluid accumulation around the heart.   
\* \*\*Mediastinum:\*\* The mediastinal lymph nodes are significantly enlarged, causing mass effect on the superior vena cava (SVC) and pulmonary arteries.  
\* \*\*Liver:\*\* A small, ill-defined hypodense lesion in segment 4 of the liver is described as indeterminate, requiring further evaluation.  
\* \*\*Kidneys:\*\* The report notes the presence of renal cysts bilaterally, measuring up to 3 cm in the right upper pole.   
  
\*\*3. Symptoms or Phenomena:\*\*  
  
\* \*\*Shortness of breath (SOB):\*\* The patient presented with 8 days of SOB, a significant symptom that warrants investigation.   
\* \*\*Heavy smoker:\*\* The patient's history of heavy smoking (120 pack years) is a major risk factor for lung cancer and other respiratory problems.   
\* \*\*Mass effect:\*\* The enlarged lymph nodes compress the SVC and pulmonary arteries, which can cause symptoms like swelling in the neck and arms (SVC syndrome) and reduced blood flow to the lungs.  
\* \*\*Pericardial effusion:\*\* This finding indicates fluid buildup around the heart, which can potentially impact heart function.   
\* \*\*Lymphangitis carcinomatosis:\*\* The presence of peribronchial and septal thickening suggests a concerning pattern of cancer spread.  
  
\*\*Overall, the report highlights a complex situation with a highly suspicious lung malignancy, extensive lymph node involvement suggestive of metastasis, and evidence of lymphatic spread (lymphangitis carcinomatosis). The patient needs further evaluation and management, possibly including biopsy and staging to determine the best treatment approach.\*\*