Department of Radiology & Imaging

Name	: **Md. Earshedul Amin**		
Age	: 70 Year(s) 1 Month(s) 5 Day(s)	**AN**	: A123-002586
		Gender	: Male
Unit	: Neurology	**Report Date**	: 26/02/2023 04:58:19 pm
Bed No	: Ward-621-C(W)		
Refd by	: Dr. Md. Nazmul Huda Consultant		

HCN	Ref. Type	MR No	Report ID
	: IPD		

CT Chest (Without Contrast)

CLINICAL PROFILE: H/o fever, respiratory distress.

TECHNIQUE*:* High resolution CT of the lung parenchyma was studied from the apices to bases of both lungs (pre and post contrast).

FINDINGS:

Evidence of multifocal ill-defined irregular pulmonary nodules of variable sizes are seen scattered bilaterally.
CT character suggest the lesion appear predominantly isodense nodule having central low attenuation (necrosis) and irregular speculated margin associated with perilesional ground glass haze.
The largest nodular area in the anterior segment of right upper lobe shows thick irregular wall with inspissated central necrotic cavity.
It approx. measures about 6.0 x 4.6 x 3.8 cm.
Following post contrast there is mild peripheral patchy enhancement with nonenhancing central cavity.
Suggestion of ill-defined confluating patchy-nodular densities with early consolidative pattern in distinct peribronchovascular in distribution seen in the posterobasal segment of right lower lobe. Associated thickening of intraalveolar septae also noted. Few scattered fluffy nodular densities are seen in the right lower lobe periphery.
Multiple enlarged and somewhat conglomerate pre and paratracheal, right hilar and paraesophageal lymph nodes noted. Few of them are showing central low attenuation suggest necrosis. Early encasement of right pulmonary artery and SVC noted with luminal narrowing.

The pulmonary arteries appear normal. The pulmonary vascular branches show normal branching pattern.

Moderate senile atherosclerotic calcification of aorta.

The anatomical configuration of the structures in the mediastinum elsewhere are within normal limits.

Both hila appear normal.

There is no evidence of pleural effusion.

Soft tissue of the chest wall and bony thorax shows no obvious abnormality.

Both hemidiaphragms appear normal.

Incidentally noted, altered CT morphology of right iliac bone showing large infiltrating soft tissue density mass with areas of low attenuation (necrosis) causing lytic bony destruction and mass effect ? iliac osteosarcoma, D/d other.
Also focal small target appearing lesion in visualized part of left lobe liver ? hepatic met's ?? significance.

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IMPRESSION:

Above mentioned CT features may suggest -
Extensive pulmonary metastasis with early lymphangitic carcinomatosis.
Likely secondary to right iliac osteosarcoma (primary), D/dx other.
Remote possibility of primary lung mass with pulmonary as well as iliac bone metastasis cannot completely be excluded.
Associated metastatic and necrotic mediastinal lymphadenopathy vide supra.

Further clinical and biopsy / FNAC correlation.

Dr. Bidyut Kumar Saha
MBBS, MD (India)
Sr. Consultant & Co-ordinator

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