

Referred By:

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RANDWICK NSW 2031

Dr Dennis Foster**DOB:** 14 June 1952**Patient ID:** FCC215Y**Visit Number:** 16855034**Service Date:** 12 December 2024 10:21**Visit Description:** CT BRAIN CHEST ABDOMEN PELVIS**CT BRAIN, NECK, CHEST, ABDOMEN AND PELVIS****HISTORY:**

Stage 3B lung cancer, completed chemoradiotherapy.

COMPARISON:

Correlate made with the previous CT chest, abdomen and pelvis dated 06/08/2024.

FINDINGS:**CT neck:**

Bilateral parotid and submandibular glands outline normally. There is a small hypoattenuating nodule within the left lobe of the thyroid. It measures 4mm in diameter.

There is no cervical chain lymphadenopathy seen bilaterally.

CT chest:

The spiculated focus in the apical segment of the right upper lobe is redemonstrated. It is smaller in size on today's examination, measuring 20 x 14mm (previously 22 x 17mm). There is no new suspicious pulmonary nodule or mass lesion seen elsewhere throughout the lungs bilaterally.

The previously noted right hilar lymph node is smaller in size on today's examination. It measures 9 x 8mm (previously 13 x 12mm). There is no new mediastinal, perihilar or axillary lymphadenopathy.

CT abdomen and pelvis:

The hyperdensity seen within segment 5/8 of the liver is redemonstrated and slightly more well-defined on today's examination. It measures 5 x 4mm. It may reflect a cyst or a resolving partially treated lesion. There is a small further hyperdensity also seen in segment 6 of the liver posteriorly. It measures up to 4mm. In retrospect, this is also seen on the previous study and is stable. There is no new suspicious liver lesion identified. There is no adrenal mass lesion.

The spleen and the pancreas are within normal limits.

There is cholelithiasis however no features of acute cholecystitis.

No renal tract abnormality is seen.

There is no intra-abdominal lymphadenopathy.

There is mild prostatomegaly. There is no intra-abdominal ascites or peritoneal nodule or mass lesion.

There is no aggressive lytic or sclerotic bone lesion.

COMMENT:

Findings are in keeping with partial interval disease response. The right lower lobe apical segment pulmonary nodule has decreased in size when compared with the previous study with small amount of surrounding post-treatment change. The previously noted enlarged right hilar lymph node is also smaller in size. There is no evidence of new metastatic disease elsewhere. The identified liver lesions are small, if not stable in size. The larger of the lesions which has reduced in size appears slightly more cystic on today's study.

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Dr Dennis Foster**DOB:** 14 June 1952**Patient ID:** FCC215Y**Visit Number:** 16858842**Service Date:** 13 December 2024 09:40**Visit Description:** CT BRAIN**CT BRAIN****HISTORY:** Stage III B lung cancer. Completed chemoradiotherapy.**FINDINGS:**

No acute intra or extra-axial haemorrhage. No intra-cranial space occupying lesion or midline shift. The ventricles and sulci are within normal limits for the patient's age. There is no abnormal focus of post contrast enhancement seen within the brain. Grey white matter differentiation is well preserved with no evidence of acute territorial infarction.

There is no acute calvarial or facial bone fracture.

There is polypoid mucosal thickening of bilateral maxillary sinuses.

COMMENT:

No acute intra-cranial pathology.

No evidence of intracranial metastatic disease.

Reported by: Dr Prue Storer

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