

PATIENT: Doe, Jane
MRN # : 002748
LOCATION: Demo Facility

PHYSICIAN: Demo Physician MD
DOB: 1/15/1933
DOS: 4/22/2016 9:05:34 AM

Procedure:CT CHEST ABD PELVIS W

History: BLADDER CA, LT LATERAL TRIGON

TECHNIQUE: Sequential axial CT images were obtained from the base of the neck to the upper abdomen following the uneventful administration of IV contrast. Additional sagittal and coronal reformatted images performed. No prior studies for comparison.

FINDINGS: Severe bilateral apical fibrocalcific scarring, with confluent masslike scarring of the posterior right apex. 2.2 cm spiculated mass of the posterior right lower lobe image 51. Subpleural nodularity of the right middle and bilateral lower lobes, with the largest focal nodule 1 cm image 45. Severe diffuse centrilobular and bullous emphysematous disease. No pneumothorax. The trachea and mainstem bronchi are patent. There is no mediastinal, hilar, or axillary lymphadenopathy. The heart size is normal and there is no pericardial effusion. The aorta and great vessels are normal in caliber. Coronary arterial and aortic valve annulus calcifications. Central pulmonary arteries are patent without embolism.

The esophagus is normal in course and caliber.

The osseous structures of the chest wall are without acute finding.

IMPRESSION:

1. Malignant appearing spiculated 2.2 cm right lower lobe mass, may be primary or metastatic.
2. Subpleural nodularity right middle and both lower lobes, nodules measuring up to 1 cm, this may represent diffuse metastatic pathology, atypical mycobacterial infection can also have this appearance. There are no prior studies to assess stability.
3. Severe emphysematous disease and severe bilateral apical masslike scarring.
4. No chest adenopathy.

TECHNIQUE: IV and enteric contrast-enhanced CT images of the abdomen and pelvis with additional sagittal and coronal reformatted views. Prior study not available for comparison.

FINDINGS:

The liver and gallbladder are unremarkable.

The spleen, pancreas, and adrenal glands are unremarkable in appearance. Kidneys unremarkable without mass, stone disease, or hydronephrosis. Incidental simple cysts on the right. Ureters are normal in course and caliber.

There is no abdominal or pelvic lymphadenopathy or ascites.

The bowel demonstrates no evidence of obstruction or bowel wall thickening. No mesenteric inflammation or mass. No free intraperitoneal gas. Normal appendix.

Prostate is somewhat enlarged with posterior impression on the bladder base. Indeterminate 1.6 cm filling defect near the right trigone of the bladder on delayed views.

There are no suspicious lytic or blastic osseous lesions.

IMPRESSION:

1. Indeterminate 1.6 cm filling defect near the right posterior bladder may represent mixing artifact or the primary lesion noted in the clinical history. Recommend correlation with direct visualization.
2. Otherwise unremarkable CT scan of the abdomen and pelvis. No subdiaphragmatic solid organ mass or adenopathy.

Interpreting Doctor: Demo Physician MD

Electronically Signed by Demo Physician MD at 4/22/2016 1:00:55 PM



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