

PATIENT NAME: [REDACTED]
MED REC #: 008000952590
DOB: [REDACTED]
ORDER DOCTOR: [REDACTED]
PATIENT TYPE: O
ROOM #:
EXAM DATE: 7Jul2008

BILLING #: 143824002

NCH CT CHEST/ABD/PELVIS W CONTRAS5153092

ACC #: 5467373

[REDACTED] DOB: [REDACTED]

C O M P U T E R I Z E D T O M O G R A P H Y

CT Chest/Abdomen/Pelvis with Contrast

7/7/08 9:20:24 AM CT-08-0044771

Report

CHEST, ABDOMEN, AND PELVIS WITH CONTRAST

DATE OF SERVICE: 07/07/08

CLINICAL DATA: Breast cancer. Adenopathy.

COMPARISON STUDY: Prior CTs dated 04/07/08 as well as 04/02/08.

TECHNIQUE: Using a multidetector scanner, contiguous axial images were acquired of the chest, abdomen, and pelvis, following administration of nonionic, iodinated intravenous contrast.

FINDINGS: There has been a left mastectomy. Since the prior exam, irregular circumferential left pleural thickening is now overall thinner and less irregular; especially along the paramediastinal components, pleural thickening is much improved. The heart and great vessels are not significantly changed. There is no pericardial effusion. A nodular pleural thickening, possibly extending into the mediastinum, along the aorticopulmonary window, has markedly improved. There are small residual enhancing nodular components. Additionally, left paratracheal lymphadenopathy as well as lymphadenopathy above the right main stem bronchus and right hilum, while appearing slightly better defined on the current study, are probably slightly smaller. Multiple left axillary lymph nodes are also slightly smaller, with the largest residual just lateral to the left pectoralis minor measuring about 8 mm in maximal

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dimension.

Right apical pleural parenchymal thickening and scarring is overall not significantly changed. There are no new lung nodules identified. Some diffuse bronchial thickening persists, mostly within the left upper lung.

CT of the abdomen and pelvis shows marked decrease in size of hypodense liver masses. Specifically, a dominant right lobe of the liver mass is smaller and demonstrates rim enhancement with central hypodensity and measures about 12 mm maximally. A second hypodense mass in the peripheral right lower lobe is also much smaller with focal retraction and measures about 10 mm. There are no definite new liver masses identified. The spleen, stomach, pancreas, gallbladder, and adrenal glands are not significantly changed. While there are small scattered periaortic, mesenteric root and periceliac lymph nodes, none are particularly large and there is no new abdominal or pelvic lymphadenopathy. Several small enhancing inguinal lymph nodes are similar in size.

There is moderate stool within large bowel but no evidence of bowel obstruction, thickening, free fluid, or free air. The urinary bladder is

[REDACTED] DOB: [REDACTED]

unremarkable.

Vascular structures enhance normally with diffuse overall mild atherosclerotic disease.

Osseous structures are unchanged and unremarkable. There is no sclerotic or lytic lesion to suggest bony metastasis.

IMPRESSION:

1. Constellation of findings show response to therapy with improvement

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a circumferential nodular left pleural thickening, mediastinal and
axillary lymphadenopathy, and decreased size of hepatic metastases.

No evidence of disease progression.

ob:8217 [REDACTED]s D/T: 7/7/2008
dictated By: [REDACTED] M.D.

FAX TO: [REDACTED] M.D. #503-299-6422
dictated on 07/07/2008 10:02
transcribed on 07/07/2008 12:01 by RKS
verified on 07/07/2008 15:31 by [REDACTED]

RS
07/07/08 15:31
FOUND, NONE

NONE FOUND,

Page: 3