



PATIENT NAME: [REDACTED]
MED REC #: 008000952590
DOB: [REDACTED]
ORDER DOCTOR: [REDACTED]
PATIENT TYPE: E
ROOM #:
EXAM DATE: 2Apr2008

BILLING #: 207373717

CT CTA CHEST WWO CONTRAST

6168256

ACC #: 5258413



DOB: [REDACTED]

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

CTA Chest W/WO Contrast

4/2/08 3:45:08 AM CT-08-0021560

Report

CTA CHEST WITHOUT AND WITH CONTRAST

DATE OF SERVICE: 04/02/08

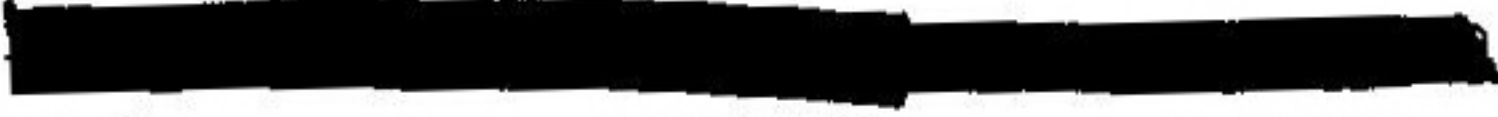
CLINICAL DATA: This is a 66-year-old woman with chest pain. Evaluate for pulmonary embolism.

COMPARISON STUDY: CT chest with contrast of 03/18/08.

TECHNIQUE: Prior to infusion of intravenous contrast, axial images were obtained to provide optimal localization for bolus timing purposes. Intravenous contrast was then infused as per routine CT angiogram protocol. During the course of intravenous contrast infusion, axial images were obtained through the relevant arterial anatomy. Axial images were then reconstructed into a series of three dimensional projections, not on an independent workstation.

FINDINGS: The heart and thoracic aorta are of normal size and appearance without thoracic aortic aneurysm or dissection. There is no pericardial effusion. The pulmonary arteries are well opacified and without filling defects through the segmental and into visualized subsegmental branches.

Nodular soft tissue density is seen in the anterior left mediastinum. In the distal left aortic arch is a 1.2 x 2.7 cm nodular soft tissue density. There are multiple smaller surrounding densities; some of this may be pleural-based as well, as there is a rim of soft tissue density



PATIENT NAME: [REDACTED]
MED REC #: 008000952590
DOB: [REDACTED]
ORDER DOCTOR: [REDACTED]
PATIENT TYPE: E
ROOM #:
EXAM DATE: 2Apr2008

BILLING #: 207373717

CT CTA CHEST WWO CONTRAST

6168256

ACC #: 5258413

seen about the left lung, most prominent medial and posterior. An enlarged left tracheal lymph node measures 1.2 x 1.7 cm, for example, and there is left hilar ill-defined adenopathy as well. There is bilateral apical pleural and parenchymal opacity. Otherwise the right lung is clear. There is left lung volume loss, again with circumferential pleural thickening with nodularity; this includes in the major fissure. There are also some small pericardial nodes, for example, in the left anteriorly, measuring 7 x 11 mm. Trace pleural fluid is seen in the left base posteriorly.

The superiormost abdomen is unremarkable with exception of a 2.5 cm hypodense liver lesion in the dome. Degenerative changes are seen in the thoracic spine.

There are changes of left mastectomy and there are small bilateral axillary lymph nodes.

IMPRESSION:

- 1. No pulmonary emboli are identified.



DOB: [REDACTED]

- 2. Changes in the left chest, including nodular pleural thickening and mediastinal and left hilar adenopathy. There is also trace left pleural effusion.

- a. These findings are most concerning for metastatic spread of tumor.

- b. This is accessible to transcutaneous CT guided biopsy.

- 3. Liver lesion, indeterminate. Differential includes hemangioma and



PATIENT NAME: [REDACTED]
MED REC #: 008000952590
DOB: [REDACTED]
ORDER DOCTOR: [REDACTED]
PATIENT TYPE: A
ROOM #: ICVG-05
EXAM DATE: 7Apr2008

BILLING #: 143618261

NCH CT ABDOMEN/PELVIS W CONTRAST 6153035

ACC #: 5268667



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 Abdomen w/wo + Pelvis with Cont 4/7/08 8:25:16 AM CT-08-0022732

Report

CT ABDOMEN WITHOUT AND WITH CONTRAST AND PELVIS WITH CONTRAST:

DATE OF EXAM: 4/7/2008

CLINICAL DATA: 66-year-old woman with history of breast cancer, left nodular pleural thickening with mediastinal adenopathy and hypodense liver lesion identified on recent CTA of the chest 4/2/2008. Followup evaluation of the liver and evaluate for other evidence of neoplasm in the abdomen and pelvis.

COMPARISON STUDY: CT chest with contrast, 3/18/2008; CTA chest, 4/2/2008 and CT abdomen and pelvis without contrast for renal colic, 10/2/2004.

TECHNIQUE: Using a multidetector scanner, contiguous axial images were acquired of the abdomen, both without and with administration of nonionic, iodinated intravenous contrast and contiguous axial images were acquired of the pelvis following administration of nonionic, iodinated intravenous contrast. Postcontrast images were obtained through the abdomen in the arterial and portal venous phases and through the pelvis in the portal venous phase.

FINDINGS: As previously noted, there is nodular pleural thickening seen in the left lung base. A 2.2 x 2.6 cm hypodense lesion is seen in the precontrast images similar to that seen on 4/2/2008 CTA of the chest. A 1 cm similar-appearing lesion is seen, likely in the left lobe medial segment, image 50 and in the right lobe posterior segment

BILLING #: 143618261

PATIENT NAME: [REDACTED]

MED REC #: U08000952590

DOB: [REDACTED]

ORDER DOCTOR: [REDACTED]

PATIENT TYPE: A

ROOM #: ICVG-05

EXAM DATE: 7Apr2008

NCH CT ABDOMEN/PELVIS W CONTRAST 6153035

ACC #: 5268667

inferiorly a 2.2 x 2.4 cm hypodense lesion. In the arterial-phase images, these lesions remain very subtly hypodense with the superior large lesion appearing smaller and the smallest lesion in the left lobe anteriorly nearly imperceptible. In the portal venous phase, the inferior-most lesion remains slightly hypodense. The superior-most large lesion is very subtly hypodense, and the smaller lesion is not identified. The liver margins are smooth. The gallbladder, pancreas, spleen, adrenal glands, and kidneys enhance normally.

The urinary bladder is of normal configuration. The uterus and ovaries are not identified. There is no bowel dilation or obvious inflammation. There is no adenopathy, free fluid or free gas. The abdominal aorta and inferior vena cava are of normal size.

Degenerative changes are seen in the lumbar spine without obvious lytic or sclerotic lesions to suggest metastases.

IMPRESSION:

1. Three hypodense lesions seen in the liver; these are most conspicuous in the precontrast images, becoming less hypodense and nearly isodense in

DOB: [REDACTED]

postcontrast images. These are most compatible with metastases. Atypical hemangiomas are unlikely, and the inferior-most lesion is in a region that was visualized in CT renal colic exam performed without contrast on 10/2/2004 and is not seen in that exam.

2. Previously described left nodular pleural thickening, again concerning for pleural metastasis.

3. No other evidence of metastases or primary malignancy in the abdomen and pelvis.



PATIENT NAME: [REDACTED]
MED REC #: 008000952390
DOB: [REDACTED]
ORDER DOCTOR: [REDACTED]
PATIENT TYPE: [REDACTED]
ROOM #: ICVG-05
EXAM DATE: 7Apr2008

BILLING #: 143618261

NCH PATH REPORT

4700464

ACC #: 5269017



Age: 66 years Med Nbr: 800095-25-90

SURGICAL PATHOLOGY

Collection Date: 4/7/2008

Case #: SG-08-0001701

DIAGNOSIS

Diagnosis After Microscopic Examination:

Left pleural mass, needle biopsy:

- Poorly differentiated adenocarcinoma (see comments).

09-APR-2008

RMB/MRR

Signature)



MD

(Electronic

Comments

Immunohistochemical studies performed on the needle biopsy show the tumor is immunoreactive for monoclonal CEA, Ber, EP4, pooled cytokeratin and cytokeratin 7. It is nonreactive for cytokeratin 20, TTF-1, calretinin, B72.3, and chromogranin. The histology, in conjunction with the immunohistochemistry, is compatible with poorly differentiated adenocarcinoma. The distinction of whether this represents primary pulmonary adenocarcinoma or metastatic disease from another site cannot be made. Correlation with the clinical findings is suggested. The immunohistochemical profile militates against a tumor of primary mesothelial origin.

Review

Dr. [REDACTED] has reviewed this case and concurs.

Specimen

Left pleural mass