

Chart Review Print

<u>Location</u>	<u>Name</u>	<u>MRN #</u>	<u>Visit #</u>	<u>Sex</u>	<u>Age</u>	<u>Physician</u>
DIS CP				F	42Y	Oza, Amit M.

 Thorax Computed Tomogram

Event Time: Tue, 03 May 05 1025

Status: complete

Thu, 05 May 05 1326 Documented by

Accession# :
 Read By : Narinder Singh Paul, MD
 Date Dictated: 03May2005
 Exam Report :

REPORT (VERIFIED 2005/05/05)

CT THORAX, ABDOMEN AND PELVIS:

Post-contrast volumetric acquisition.

HISTORY: Restaging gynecological tumor. No previous. The abdominal and pelvic views will be read separately.

FINDINGS: There is no significant axillary, mediastinal or hilar lymphadenopathy. The main pulmonary artery is not enlarged. There is no pericardial or pleural effusion.

The central tracheobronchial tree is patent.

Right upper lobe, middle and lower lobe no lesion. Left upper lobe, lingula clear. Lower lobe Image 106, there is a 13 mm soft tissue nodule in the medial basal segment. It is associated with some inflammatory change.

The underlying rib is intact.

The bony thorax has no aggressive lesion.

COMMENT: There is an isolated 13 mm nodular opacity in the left lower lobe, it is of indeterminate nature but given the history, one should consider the possibility of an isolated metastasis. If required, this may be amenable to CT guided fine needle aspiration biopsy. Please discuss if required.

Verified By : Narinder Singh Paul, MD
