

AMAL

18/M

21/12/2018

PLAIN AND CONTRAST CT SECTIONS OF ABDOMEN AND PELVIS

- Bilateral peripheral lung parenchyma shows nodules and a few masses of varying size with coarse clump of calcification in anterior segment of right upper lobe, apicoposterior segment of left upper lobe, posterior basal and anterior basal segment of left lower lobe, largest measuring 3.6x2.1cm in left lower lobe basal segment.
- Nodular pleural thickening in right upper hemithorax with nodules.
- Large solid heterogeneous brilliantly enhancing pleural/Extrapleural masses in right lower hemithorax with coarse clumps of calcification, non enhancing necrotic areas largest measuring 20x13.5x11.3cm, causing inverted posterior right hemidiaphragm with lost fat plane, infiltration of right crus of diaphragm, compressing supradiaphragmatic IVC and RA with distorted contour, also having lost fat plane with left atrium.
- Length of contact with chest wall suggestive of chest wall invasion.
- Infiltration of intercostal muscles noted.
- Adjacent right serratus anterior and latissimus dorsi appear bulky with fat stranding.
- Right lower lobe passive atelectasis.
- Right lower hemithorax pleural/Extrapleural mass is anterior displacing bare area of liver, right kidney and adrenal gland.
- Calcification in right lobe of liver.
- **Mediastinum** is central.
- No mediastinal / hilar mass lesions/ adenopathy.
- **Trachea and main bronchi** are normal.
- Mediastinal great vessels are normal.
- **Liver**: Normal in size and shows normal attenuation. No focal lesions. Intrahepatic biliary radicles are normal. Portal vein is normal.
- **Gall bladder**: appears normal. No evidence of calculus.
- **Pancreas**: Head, body and tail are normal. No mass lesion noted. No pancreatic duct dilatation. No calcifications seen.
- **Spleen**: Normal size. No focal lesions. Splenic vein is normal.
- **Kidneys**: Normal in size and show normal and simultaneous contrast opacification and excretion. No evidence of hydronephrosis. No evidence of calculus.
- Intraabdominal aorta appears normal. IVC shows normal contrast opacification.
- No ascites / intraabdominal lymphadenopathy.



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