

## Document info

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## CT Thorax/Abd/Pelvis W/ Cont

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**Patient:** TAMMY  
CARMONA **DOB:** Oct 17, 1973

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### Findings

CLINICAL: Breast Cancer: secondary malignant neoplasm of brain secondary malignant neoplasm of liver C79.31 C78.7

CT OF THE THORAX, ABDOMEN, AND PELVIS WITH CONTRAST 7/13/2018 12:17 PM :

TECHNIQUE: Helical CT exam was obtained from the thoracic inlet through the ischial tuberosities. The patient received contrast material intravenously. Auto Exposure Controls were utilized during the CT exam to meet ALARA standards for radiation dose reduction.

COMPARISON STUDY: CT angiography of chest 03/16/2018.  
CT chest abdomen and pelvis 01/22/2018

### THORAX FINDINGS

HEART AND PERICARDIUM: Small pericardial effusion. 10 mm thick and This is unchanged from prior.

AORTA: Normal

PULMONARY ARTERIES: Normal

ADENOPATHY: No pathologic adenopathy

7 mm left hilar node. Not significantly changed from 01/22/2018

LUNGS:

RIGHT lung: Normal

LEFT lung: There are no nodules visible.

\*Atelectasis present in the left lung base.

\*There is focal narrowing of the superior segmental bronchus to the left lower lobe.

Series 3. Image 116.

\*There is also a filling defect in the posterior basal segment of the left lower lobe. Series 3. Image 142.

\*These findings are new from 3/16/2018 and 1/22/2018. I do not see a discrete mass. However, if the infiltrate and effusion do not completely clear, bronchoscopy is recommended. 3 month follow-up suggested. (Repeat CT chest with IV contrast)

PLEURA: Small left effusion with some fluid tracking into the fissure

BONES / CHEST WALL: Innumerable sclerotic metastases. No compromise of the spinal canal seen.

Breast reconstruction

IMPRESSION:

1. Small pericardial effusion-unchanged from prior
2. No pathologic adenopathy
3. Interval development of scattered areas of atelectasis in the LEFT lower lobe associated with a small left effusion.
4. Diffuse bony metastases
5. RECOMMENDATION: 3 month follow-up chest CT with IV contrast to reevaluate the left lower lobe bronchus and left effusion.

ABDOMEN FINDINGS

LIVER: 9 x 15 mm subtle hypodensity subcapsular region right lobe laterally. Axial images. Series 2. Image 45. No change from prior

GALLBLADDER / BILE DUCTS: Normal

RIGHT KIDNEY / URETER: 6 mm hypodensity lower pole anteriorly. Series 2. Image 71. Previously 8 mm. No significant change.

LEFT KIDNEY / URETER: Normal

PANCREAS: Atrophic.

SPLEEN: Normal  
ADRENAL GLANDS: Normal right adrenal.  
14 x 15 mm LEFT adrenal nodule. This is unchanged from 03/16/2018.

GI TRACT: No significant abnormality  
AORTA AND ABDOMINAL VESSELS: No significant abnormality

PELVIS:

BLADDER: Normal  
UTERUS: Normal  
ADNEXAL STRUCTURES: Normal  
ADENOPATHY: No pathologic adenopathy  
ASCITES: Small volume ascites in the pelvis. This is unchanged from prior. The volume of fluid in the pelvis is greater than I would expect for physiologic fluid alone.

BONES: Innumerable sclerotic metastases. No compromise of spinal canal seen.

OTHER: The 9 x 10 mm subcutaneous nodule in the anterior abdominal wall that was seen on Series 2. Image 66 of the 01/22/2018 scan --- is NOT seen today.  
\*5 mm subcutaneous nodule in the midline of the anterior abdominal wall. No change from prior. Series 2. Image 104.

IMPRESSION:

1. Innumerable bony metastases but no encroachment on the spinal canal.
2. Small volume ascites-unchanged.
3. 5 mm lower anterior abdominal wall subcutaneous nodule-unchanged
4. The 9 x 10 mm subcutaneous nodule - anterior abdomen, seen on previous scan it is no longer visible.
5. No change in subcapsular hypodensity in the liver.
6. 14 x 15 mm LEFT adrenal nodule - unchanged.
7. 6 mm subtle enhancing lesion anterior inferior RIGHT kidney. Unchanged from prior. Continued follow-up recommended.

**Technical Comments**

Total DLP (mGy-cm):338.12 ,Creatinine (mg/dL):0.60 ,eGFR (mL/min):>60 ,Date of Creatinine 07/13/2018, /// Contrast Administered:Omnipaque 300,Dose (mL):75.00 ,Route:Intravenous, /// Contrast Administered::Readi-Cat,Dose (mL)::900.00 ,Route::By Mouth, /// Contrast Administered::Route:::