

## CECT Chest + Abdomen

CT No - 19015/2025

Date - 16/06/2025

Name of the Patient - Mrs.M.A.Kusumalatha.

Age - 57 Years

Referred by - Dr.Mahilal Wijkoon.(Consultant Oncologist)

*Indication - CA L/s breast follow up.*

### **REPORT:**

#### CHEST

L/s breast is still enlarged with thickened skin & edematous breast tissues with evidences of WLE suggesting post treatment changes. No obvious enhancing lesion is noted.

Enlarged L/s axillary lymph node is of 0.4 cm SAD with preserved central lucency suggesting benign.

No enlarged subclavian or supra-clavicular lymph nodes are noted.

L/s hilar lymph node is noted SAD 0.8 cm. Resolution of L/s hilar & sub-carinal lymph nodes is noted compared to previous CT dated 22/03/2025.

Three nodules are at apico-posterior segment of L/s upper lobe. L/s lower lobe nodules are resolved.

Heart is normal in size. No pulmonary thrombo-embolism.

No pleural effusion, calcifications or pleural thickening.

No lytic or sclerotic lesions in the visualized skeleton.

#### ABDOMEN

The liver is normal in size and attenuation. Portal and hepatic veins are normally opacified. A hypo-attenuated lesion measuring 0.3 cm is at segment IV-A suggesting a cyst. No intra or extra-hepatic biliary duct dilatation.

The gallbladder is normal and no calculi are seen.

The pancreas is normal in size with normal parenchymal density. No abnormal calcification, mass lesion or duct dilatation.

Bilateral adrenal gland and spleen are normal

Both kidneys are normally opacified. Renal outlines are smooth. No mass lesion or hydronephrosis is seen bilaterally.

The bladder has normal contour. No focal or diffuse wall thickening. No calculi or mass lesion is seen. The pelvic structures are normal.

No para-aortic lymph node enlargement and no free fluid is seen.

The IVC and aorta are normal.

No destructive bone lesions are seen. No gross bowel pathology seen.