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Clinical: 41 yo. Mediastinal mass. Recurrent pleural effusion. Diagnosis ? Patient has been transferred from George.

**CT NECK TO PELVIS****TECHNICAL FACTORS**

Contrasted CT neck, chest, abdomen and pelvis.

**FINDINGS**

Comparison made to the prior study dated 21 March 2025.

**Neck:**

No visualized intracranial lesions. No orbital lesions.

Normal parotid and submandibular glands. Normal thyroid gland.

No minimal fat within the deeper neck spaces but no cervical adenopathy appreciated.

Paranasal sinuses and mastoid air cells are well aerated. Small sclerotic focus within the C5 vertebra, probable bony island. No lytic lesions.

**Chest:**

Left pleural effusion appears mildly improved.

Near complete collapse of the left lower lobe and lingula.

The large lobulated solid-necrotic mass in the left superior anterior mediastinum appears marginally larger, measuring 87 x 141 x 81 mm (previously measured 81 x 136 75 mm).

Lesion abuts the heart, ascending aorta, pulmonary trunk and left-sided pulmonary artery branches. There is

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mass effect on these vessels but no significant attenuation or filling defects.

There is an increasing pericardial effusion (differential density - hemorrhage?) predominantly left-sided, measuring 16 mm in maximal radial depth. No cardiomegaly.

There are numerous metastatic lung lesions bilaterally, all lesions appear larger, some doubled in size.

Reference lesion in the right middle lobe now measures 33 mm, previously 24 mm.

Right lateral upper lobe lesion is now coalesced with surrounding ground-glass changes, measuring 21 mm, previously approximately 13 mm.

There are several lesions in the left lung, now visible with the improved pleural effusion.

Although accurate measurements difficult, the also appear to have enlarged, reference lesion in the lingular measuring 13 mm, previously 11 mm.

Reference lesions in the left upper lobe measures 16 mm, previously 11 mm

Shotty subcentimeter heterogenous mediastinal nodes with small amount of tracheobronchial soft tissue bilaterally, more on the left.

Accurate comparison difficult between the 2 studies but appears relatively similar.

Relatively stable right para-aortic-retrocrural nodes, 7 mm.

No significant axillary adenopathy.

#### **Abdomen and pelvis:**

No liver lesions. Portal vein and mesenteric vessels are patent.

Gallbladder, pancreas, spleen, adrenal glands and kidneys are normal.

Stomach, small large bowel partially collapsed but no suspicious lesions detected.

Small amount free fluid in the deep pelvis.

Normal bladder and prostate.

No inguinal adenopathy.

#### **Bones:**

Small sclerotic bony island within the left neck of femur. Additional sclerotic focus in the C5 vertebral thought to be a bony island.

No lytic lesions detected.

#### **COMMENT**

Interval progression:

Marginal interval enlargement of the large heterogenous necrotic upper mediastinal mass - thymic origin?

All lung metastases have enlarged, some doubled in size.

New (left-sided) pericardial effusion.

Subcentimeter mediastinal nodes appear stable.

Small amount of ascites in the pelvis (cardiac decompensation?).

Improved left pleural effusion (post tap?).

No other metastatic disease detected in the abdomen.

**REPORTED BY: RICHTER-JOUBERT, L**

**VERIFIED BY: RICHTER-JOUBERT, L**

*Electronically Signed: 01-04-2025 14:14 PM*