Department of Radiology



Patient Information:

First Name: SABER	<i>Age:</i> 36Y	Study Date: 2023/04/09 (1402/1/20)
Last Name: RASTIKERDAR	Sex: Male	Dictation Date: 2023/04/10 (1402/1/21)
ID: 3392695378	AccNo: 0201200060010166	Modality: CT\\SD

SPIRAL CT SCAN OF NECK (CORONAL, SAGITTAL, RECONSTRUCTION) WITH CONTRAST:

Multiple axial, coronal sagittal and reconstruction images through the neck after contrast injection demonstrate:

Several non significant lymph nodes are seen in both cervical chains that the largest one is 12x5mm in left posterior cervical triangle.

Laryngeal structure such as vocal muscle and cartilage have normal configuration and showing no evidence of any infiltrative lesion or mass.

There is no evidence of definite mass in larynx.

Bony parts are unremarkable.

Submandibular, parotid glands and thyroid glands are normal.

SPIRAL CT SCAN OF CHEST AND MEDIASTINUM : (WITH IV CONTRAST) + coronal reconstruction

Multiple axial, coronal reconstruction images through the chest and mediastinum with contrast injection demonstrate:

Numerous randome distribution pulmonary nodules are seen in both lung fields up to 16x13mm in anterior segment of right lower lobe, suggestive for multiple metastasis.

There is no sign of pleural effusion or pneumothorax at present time.

NO emphysematous change or bulla is seen.

Trachea and both main bronchi are normal in caliber with no bronchiectasis.

Heart size is normal.

Major vessels are normal.

A heterogeneous mass with internal calcification and partial enhancement and central necrosis measuring about 56x50x59mm is seen in anterior mediastinum associated with adjacent

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multiple malignant looking lymph nodes up to 14x25mm in perivascular area, suggestive for metastatic lymph nodes.

Bony parts and soft tissue are unremarkable.

SPIRAL CT SCAN OF ABDOMEN AND PELVIC +dynamic of liver WITH CONTRAST +

coronal, reconstruction:

Multiple axial, coronal reconstruction images through the abdomen and pelvic after IV and oral contrast in triphasic (arterial, venous & delayed images) administration demonstrate:

The liver is normal in size with normal parenchymal density with no evidence of mass or biliary dilatation.

The G.B is unremarkable.

Pancreas has normal density and anatomic configuration.

Spleen has normal size and density. Two adjacent simple cystic structures up to 9mm without enhancement are seen in upper pole of spleen.

Both adrenal glands are normal.

Both kidneys are normal in size and normal density with no sign of stone, stasis or abnormal density.

No hydronephrosis or ureteral dilatation is seen.

There is no sign of peripancreatic or para aortic lymphadenopathy.

There is no sign of mesenteric stranding. The hollow viscous structures have normal distribution.

Urinary bladder is normal with no sign of stone or wall thickening.

There is evidence of a large lytic-sclerotic mass structure measuring about 144x136x118mm in left iliac bone with large soft tissue component and calcified matrix associated with extension to left acetabulum and causing pathologic fracture line in left iliac bone are seen that according to this feature possibility of left iliac bone large sarcoma (chondrosarcoma versus osteosarcoma) should be in consideration.

Also evidence of a lytic structure measuring 41x20mm in right iliac bone with internal chondroid matrix adjacent to SI joint is detected.

Mildly diffuse soft tissue edema in left buttock is seen.

Few subcentimeter lymph nodes in bilateral inguinal area and iliac axis also detected.

No free fluid is noted in abdomino pelvic cavity.

Sincerely, Tavassoli, MD Ghaderian, MD