

CT Neck Plain

Patient Name	: .SHAKUNTLA DEVI	MRN	: AJMU.0000114908
Exam Date	:	Age/Sex	: 65Y/F
Referred By	: DR JUGMOHAN SINGH (ONCO)	Report Date	: 29/06/2020

Equipment: Siemens 64-slice CT machine.

Technique: NCCT done in helical mode from base of skull to the thoracic inlet. Axial acquisition done with coronal & sagittal reformations.

Procedure Complications/Allergic reactions: None.

Data source for reporting: Local Remote : Film DICOM Images
Teleradiology

Quality of images: Excellent with no limitations.

Comparison studies: None.

OBSERVATIONS:

There is presence of a large, hypodense, heterogenous mass lesion, infiltrative in nature arising from the right thyroid lobe with erosion of the thyroid and arytenoid cartilages with invasion into the adjacent soft tissues with central amorphous calcifications. The mass measures 81x56mm and inferiorly reaches upto the supraclavicular region on right side. The mass is seen causing mass effect on the larynx; trachea and esophagus. No mediastinal extension of the thyroid mass seen.

Multiple, enlarged, homogenous hypodense, lymph nodes are seen from level-3 to level-5 of neck on both sides, largest measuring 27mm in short axis diameter.

Screening of lung fields revealed scattered numerous, hyperattenuating variable sized intraparenchymal nodules in both lung fields involving all lobes, suggestive of metastasis.

Normal anatomical configuration of the nasopharynx, oropharynx and laryngopharynx with no obvious distortion of the pharyngeal airways.

Bilateral fossae of Rosenmuller and Eustachian tube orifices appear normal.

Oral cavity structures appear normal with no evidence of any mass lesion.

Epiglottis, aryepiglottic folds, preepiglottic and paraglottic spaces, valleculae and the base of tongue appear unremarkable.

Hypopharynx, pyriform sinuses & the laryngeal inlet reveal normal anatomical configuration.

Laryngeal vestibule, vocal cords and the anterior & posterior commissures are normal.

Disclaimer: The above impression is a professional individual opinion and not a final diagnosis, please correlate clinically. If there is any variance clinically, examination can be repeated or re-evaluated by other investigations and opinions. Disclaimer: This report has been not been prepared and is not valid for any medicolegal purpose.

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Maxilla and the mandible under view appear normal.

The parotid & submandibular glands appear normal in size and attenuation.

Bilateral parapharyngeal and masticator spaces appear normal.

Pterygoid plates & the pterygoid fossae appear normal.

Bilateral **paranasal sinuses** are well pneumatized. Nasal cavity also appears normal

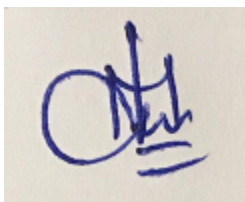
Intraconal and extraconal compartments of both the **orbits** appear normal.

Cervical spine shows normal curvature and vertebral alignment. The vertebral bodies and posterior arch elements are normal. Intervertebral disc spaces are maintained. Prevertebral and paravertebral soft tissues are normal.

Muscles and the soft tissues under view are normal with no obvious swelling.

IMPRESSION: Features are suggestive of a large right thyroid lobe mass with bilateral cervical lymphadenopathy with diffuse lung metastasis.

Adv...Biopsy & histological correlation/PET-CT for further evaluation.



Dr. Mohd Ilyas, Consultant Radiologist,
MD Radio-diagnosis, GMC Jammu.

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Ex Senior Resident, SKIMS,
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