

Re: Mrs Kaye Payne - DOB: 15/10/1945
DR NOEL AHERNE Tel:

PATIENT: Kaye Payne DOB: 15/10/1945 Age: 77
ID: 15008590 EXAM DATE: 29/09/2022
Reported: 29/09/2022

Dear, DR AHERNE

Clinical Notes : FIGO grade 2, stage 2 endometrioid adenocarcinoma.

Post TAH BSO. Sentinel node biopsy. Completed adjuvant chemoradiation June 22.

Baseline post treatment. CT CHEST, ABDOMEN AND PELVIS IV contrast enhanced data was acquired.

No pelvic recurrence is identified. No distant lymphadenopathy identified. No peritoneal nodule, lung nodule or other evidence of distant soft tissue metastasis identified. There is a central superior compression fracture of the L1 vertebral body, 40%, with a small amount of retropulsion of some of the posterosuperior body wall. It is new by comparison with the CT dated 05/05 /2022 and is more likely post traumatic insufficiency fracture than pathologic fracture, there being no bone destroying lesion demonstrated and there is an evident healing reaction and thus it is at least subacute in age.

No other new bone lesion identified and no bone metastasis identified. I note evidence of right mastectomy. No right mastectomy site recurrence is demonstrated and no potential breast cancer metastasis identified. Stable by comparison with the CT dated 05/05/2022 is oblique scarring anteroinferiorly in the right lung and a large benign appearing cyst superiorly of the right kidney. Heart not enlarged, pleural spaces clear, spleen not enlarged, biliary tree not dilated and the kidneys are not hydronephrotic. Impression :

1. No sign of recurrence or metastasis.
2. Incidental superior central compression fracture of L1, probably post traumatic or insufficiency fracture. I very much doubt it is a pathologic fracture.

DR NICK STEPHENSON Electronically signed at 4:50 pm Thu. 29 September 2022