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## CT FEMUR LEFT

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### Results

#### Study Result

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##### *Narrative & Impression*

==== ORIGINAL REPORT ====

HISTORY: New diffuse bone lesions, previous history of breast cancer. Assess for metastatic disease/new primary.

Per CCI progress note (Aug 2022): "Stage T1c (12 mm) N0 (0/1) M0, invasive ductal carcinoma of the right breast, treated with segmental mastectomy July 6, 2022, showing a 12 mm solitary invasive ductal carcinoma that was grade 2. There was also a 10 mm field of ductal carcinoma in situ (DCIS). Closest margin medially at 1 mm. One node was negative, ER/PR positive, HER-2 negative. No lymphovascular invasion."

The patient received external beam radiation treatment to the right breast.

##### TECHNIQUE:

1. CT chest abdomen pelvis with arterial phase through the chest and portal venous phase through the abdomen and pelvis.
2. CT of the femur.

COMPARISON: Bone scan July 8, 2025. CT left hip July 4, 2025.

##### FINDINGS:

##### CHEST

Heart/Great vessels: Normal heart size. No pericardial effusion. Normal caliber thoracic aorta and pulmonary arteries. No proximal or central pulmonary embolism. Minor atheromatous disease thoracic aorta, no aneurysmal dilatation. Scattered coronary calcification.

Lungs/Pleura: Subpleural 0.8 x 0.6 cm nodule at the lateral segment of the middle lobe (series 8, image 171). Additional 0.4 cm nodule at the anterior segment of the right upper lobe (series 8, image 119). No pulmonary edema or consolidation. No pleural effusion or pneumothorax. Minor peripheral reticulation anterior right lung, presumably post radiotherapy change.

Lymph nodes: No enlarged axillary, supraclavicular, mediastinal, or hilar lymph nodes.

Posttreatment changes right breast. Although suboptimally evaluated on CT, no distinct mass lesion is seen.

##### ABDOMEN/PELVIS

Liver: Indistinct 1 cm hypoattenuating lesion in hepatic segment 6/7. Additional indistinct 1.2 cm

hypoattenuating lesion in hepatic segment 4A/B.

Biliary: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenals: Unremarkable.

Kidneys/Ureters: No solid masses. No obstructing stones or hydroureteronephrosis.

Pelvic organs: Calcified uterine fibroid.

Gastrointestinal: Uncomplicated sigmoid diverticulosis. No bowel obstruction. Unremarkable appendix.

Vasculature: Nonaneurysmal, moderately atherosclerotic abdominal aorta. Patent hepatic, portal, superior mesenteric and splenic veins.

Lymph nodes: No lymphadenopathy by CT size criteria.

Peritoneum: No ascites.

#### MUSCULOSKELETAL

Sclerotic bone lesions at multiple left ribs. The largest lesion is seen at the left fifth rib laterally and is mildly expansile with involvement of the cortex.

Numerous small lucent bone lesions with cortical involvement at the posterior elements of multiple thoracic vertebral bodies.

The left proximal femur again demonstrates mottled appearance with cortical irregularities involving the lesser trochanter, greater trochanter and left femoral neck.

In correlating with bone scan, probable additional lesions within the pelvis, scapula. Calvarial lesions not included in the field-of-view.

#### IMPRESSION:

Previous right breast malignancy, treated 2022.

- Numerous aggressive sclerotic and lucent bone lesions, correspond with regions of multifocal increased radiotracer uptake on recent bone scan, and are in keeping with osseous metastatic disease.
- Specifically, the proximal left femur demonstrates a mottled appearance throughout the intertrochanteric region, partially extending into the neck and subtrochanteric space. This corresponds to intense bone uptake/reaction on bone scan. The cortex is thinned at this site and orthopedic consultation for potential prophylactic fixation may be necessary. No other definitive femoral lesion is seen.

- There are 2 indistinct hypoattenuating hepatic lesions. Although no prior imaging is available for comparison, these lesions are suspicious for metastatic disease in the current clinical context. Further assessment with MRI can be considered.
- Two small subcentimeter right lung pulmonary nodules these are indeterminate without previous imaging, possibly preexistent or perhaps evolving pulmonary metastases. Attention on follow-up to determine evolution.
- Posttreatment changes right breast. Although suboptimally evaluated on CT, no obvious recurrent lesion is seen.

Dictating Resident: Jonathan Hampshire

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