

Last name: ESSEIN	First name: BASSEY	Requisition No.: 900061800
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Gender:	F	Phone Number:	08085793728
Age:	52 years	Referral Doctor:	YUSUF OLARENWAJU JUBRIL
Patient Address:		Referral Organization:	LAHC
		Request Date:	06/02/2026

Report details

Lab. Code:	62465	Collection Date:	
Priority:	ROUTINE	Received Date:	06/02/2026 15:12
Report Type:	FINAL REPORT	Reported Date:	
		Print Date:	07/02/2026 21:26

Diagnosis:

INVESTIGATION: CT-NECK

RESULT:

Technique

Axial non-contrast and contrast-enhanced CT scan of the neck was performed from just below the root of the neck to the base of the skull.

Comments

Osseous structures: The cervical spine is straightened, possibly due to reflex muscle spasm. Mild degenerative changes are seen.

Vascular structures: Grossly normal.

Nasopharynx: Normal.

Suprahyoid neck: Normal oropharynx, oral cavity, parapharyngeal space, and retropharyngeal space.

Infrahyoid neck: Normal larynx, hypopharynx, and supraglottis.

Thyroid: Normal.

Lymph nodes: No size-significant lymphadenopathy.

Impression

Cervical spondylosis (Mild)

No significant soft tissue abnormality

INVESTIGATION: CT-CHEST

RESULT:

Clinical information:

Right lung opacity on chest radiograph—? lung mass.

Technique:

CT chest performed with 1.25 mm high-resolution axial acquisition with coronal and sagittal reformats, obtained pre- and post-intravenous contrast administration.

Comments:

There is an oval spiculated enhancing subpleural nodule, within the right upper lobe posterior segment, measuring approximately 17 × 17 × 15 mm. Spiculations extend to the adjacent costal pleura and the oblique fissure. Additional tiny apical nodules are present bilaterally (<3 mm), too small to characterise. No consolidation or pleural effusion is seen.

There are multiple enlarged mediastinal lymph nodes including prevascular (30 × 30 mm), lower pretracheal (32 × 29 mm) and subcarinal (24 × 23 mm). The trachea is mildly compressed by the enlarged lymph nodes.

Cardiac size is normal with no pericardial effusion. The great vessels are normal in course and calibre.

No suspicious lytic or sclerotic osseous lesions are identified.

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The extra-thoracic soft tissues are unremarkable.

The visualised upper abdomen demonstrates multiple hypodense liver lesions.

Impression:

Spiculated enhancing right upper lobe nodule with mediastinal lymphadenopathy, highly suspicious for primary lung malignancy.

Multiple hypodense liver lesions within the imaged upper abdomen are suspicious for metastatic disease.

Tissue diagnosis is recommended—consider image-guided biopsy of lung nodule.

*****End Of Report*****

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