

Radiology Consultation

U3677478

Exam: (CH) CTNEC2 - CT NECK WITH

Accession: 11861678

Completed: 05/31/2018

Fluoro time: 0

Signs & Symptoms:

History: NECK MASS, SOLITARY,
NONPULSATILE::

history of left vocal fold mesenchymal low
grade malignancy in 2015, with persistent
hoarseness

Exam: CT Neck with contrast

History: NECK MASS, SOLITARY, NONPULSATILE:: history of left vocal fold mesenchymal low grade malignancy in 2015, with persistent hoarseness

Comparison: None

Technique: CT scan neck with 100 cc's Optiray 320 IV contrast, without event. Coronal and sagittal reconstruction images were viewed on the viewing station.

Findings:

Visualized brain is normal. Paranasal sinuses and mastoids are clear. Orbits are normal.

There is diffuse soft tissue thickening of the left true vocal fold with medialization but no discrete enhancing mucosal or submucosal mass. Anterior commissure appears normal.

There is focal subtle 5 mm oblong hyperdensity in the posterior aspect of the true vocal fold and likely due to injection or implant for known vocal cord paralysis.

no implant

No cervical lymphadenopathy in the neck.

Vascular structures are normal.

No acute bony abnormalities. Visualized lung apices are clear.

Impression:

1. Diffuse soft tissue thickening of the left true vocal fold with medialization but no discrete enhancing mucosal or submucosal mass. Recommend clinical correlation.

2. Focal subtle 5 mm oblong hyperdensity in the posterior aspect of the true vocal fold and likely due to injection or implant for known vocal cord paralysis.

3. No cervical lymphadenopathy.
