

- Sep 17, 2013 - CT - NECK W/CONTRAST

INDICATION: Left vocal cord lesion.

TECHNIQUE: 1 mm thick images of the neck were obtained after administration of 100 cc Optiray-300 intravenously.

Radiation dose: CTDI volume = 26.69 mGy and DLP = 945 mGy-cm.

COMPARISON: None.

FINDINGS:

Left vocal cord contains a dense/enhancing lesion, measuring 1.1 x 0.8 x 0.9 cm (AP x TV x SI). The lesion is associated with smooth contour of the left true vocal cord suggesting that the lesion is likely in submucosal location rather than mucosa. The lesion is predominantly centered over the left true vocal cord with obliteration of the left laryngeal ventricle and mild narrowing of subglottic region.

The other parts of larynx including the supraglottic and infraglottic regions are unremarkable. No pathologically enlarged neck lymphadenopathy is noted. No other masses or abnormal collection is identified. The thyroid gland is unremarkable.

The parotid, submandibular and sublingual glands are unremarkable. No abnormal calcifications are seen.

The major cervical vessels enhance normally. There are scattered foci of hypodensity within the left anterior temporal pole and the left inferior frontal gyrus, likely related to prior traumatic brain injury. The visualized brain, paranasal sinuses and mastoid air cells and orbits are otherwise unremarkable.

The visualized lung apices are unremarkable. There is straightening of the cervical lordosis. Vertebral body heights are preserved. No concerning lytic or sclerotic lesions are identified.

IMPRESSION:

1 cm submucosal enhancing/dense lesion of the left vocal cord obliterating left laryngeal ventricle and causing mild narrowing of subglottis. Considering smooth contour, the lesion is

most likely in submucosa. Therefore the differential possibilities include schwannoma, chondrosarcoma among other possibility. Mucosal lesion such as the squamosal carcinoma is less likely but cannot be completely excluded.

Hypodense areas within the left anterior temporal pole and left inferior frontal gyrus are most likely related to prior traumatic brain injury.

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