

Dr Emma Inneen De Winton,  
CHG - Bath Clinic  
The Bath Clinic  
Claverton Down Road  
Combe Down  
Bath  
BA2 7BR

**Patient:** Mr Russell Read-Barrow (02-Jul-1982)  
**Address:** 15 Apsley Road, Bath, BA1 3LP  
**Hospital No:** 20623305 **NHS No:** 490 674 2343 **CRIS No:** 4674058  
**Referring clinician:** Dr Emma Inneen De Winton

**Date of examination:** 06-Jan-2026

## **REPORT**

**CT Thorax abdo & pelvis with contrast:** (reported 07-Jan-2026)

Comparison with 07/10/25. Further mild interval enlargement of lymph nodes in the central mediastinum, including subcarinal 22 mm previously 19 mm other mildly enlarged nodes in the para-aortic and aortocaval window are approximately stable. No new mediastinal pathology. Port-a-cath in situ.

Perihilar left upper lobe opacification is a little bulky. Adjacent satellite nodules have increased. Increasingly severe focal stenosis of the left upper lobe bronchus with probable endobronchial tumour nodule contributing. Some reduction in more peripheral ground-glass opacification in the same lobe, which may have been an inflammatory. Cluster of nodules in the medial superior right lower lobe have increased. Perihilar right lower lobe opacification is also more extensive. Pleura are clear.

Previous hepatic resection with no current liver filling defects. Normal spleen, pancreas, adrenals, kidneys. Previous anterior resection with no evidence of locally recurrent tumour. No abdominal or pelvic lymph node enlargement.

No destructive bone lesion.

Comment: Further mild increase in intrathoracic lymph nodes and pulmonary disease. Short very severe stenosis left upper lobe bronchus suggesting imminent occlusion.

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Reporter: Dr Toby Hall(C3461778) - 07-Jan-2026 13:54:46  
Bath -  
Tel: ., Email: Unknown

**Reporting clinician:** Dr Toby HALL GMC3461778 (Consultant Radiologist)  
**Verified by:** Dr Toby HALL GMC3461778 (07-Jan-2026)

Bath Clinic  
Claverton Down Road  
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Somerset  
BA2 7BR

**Patient:** Mr Russell Read-Barrow

**Exams:** CT Thorax abdo & pelvis with contrast

**Exam Date:** 06-Jan-2026      **Hosp No:** 20623305

**DOB:** 02-Jul-1982

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**Date of examination:** 07-Oct-2025

## **REPORT**

**CT Thorax abdo & pelvis with contrast:** (reported 08-Oct-2025)

Comparison with 08/07/25. Port-a-cath in situ, terminating in the SVC.

Interval enlargement of several mediastinal lymph nodes, including subcarinal 16 mm, previously 12 mm, and pre aortic 11 mm, previously 4 mm. Focal pulmonary opacities have increased. In the left upper lobe there is more extensive perihilar soft tissue and increasing peribronchial opacities. Ill-defined perihilar soft tissue in the right lung is bulkier. Pleura is clear.

Previous right hepatic resection. No new liver filling defect. Cholecystectomy. Normal spleen, pancreas, adrenals and kidneys.

Anastomotic sutures in rectum up no locally recurrent tumour. No overt peritoneal disease. No abdominal or pelvic lymph node enlargement. No destructive bone lesions

Comment: Enlarging intrathoracic lymph nodes and pulmonary opacities may reflect tumour progression, though cannot exclude superadded infection. Stable disease outside the chest.

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Reporter: Dr Toby Hall(C3461778) - 08-Oct-2025 09:21:28

Bath -

Tel: ., Email: Unknown

**Reporting clinician:** Dr Toby HALL GMC3461778 (Consultant Radiologist)

**Verified by:** Dr Toby HALL GMC3461778 (08-Oct-2025)

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**Referring clinician:** Dr Emma Inneen De Winton

**Date of examination:** 08-Jul-2025

## **REPORT**

**CT Thorax abdo & pelvis with contrast:** (reported 09-Jul-2025)

Comparison with previous from 5/3/25.

There is a right-sided port in situ with tip in the SVC.

The multiple areas of opacification in both lungs are similar, if not slightly smaller to previously. The previously seen nodule in the middle lobe has almost entirely resolved. No definite new lung nodules identified.

There has been a reduction in size of the previously seen right hilar and mediastinal lymph nodes, for example right hilar node has reduced in size from 24 mm to approximately 10 mm and a subcarinal node has reduced from 42 x 26 mm to 28 x 13 mm.

Previous liver resection noted.

No new abnormality identified within the liver. Previous cholecystectomy. Normal pancreas, spleen, adrenals, kidneys and urinary bladder.

Previous colonic resection noted. Anastomosis appears clear. The residual bowel is unremarkable.

No convincing peritoneal nodules.

Previous left anterior rib fracture noted.

No new destructive skeletal lesions.

### Conclusion:

There has been a good partial response to treatment of the mediastinal and right hilar nodes. The right middle lobe nodule has resolved. Otherwise stable appearance in the lungs. No new or progressive disease identified.

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Reporter: Dr David Little(C7017217) - 09-Jul-2025 14:12:32

Bath -

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**Hosp No:** 20623305

**DOB:** 02-Jul-1982

**Reporting clinician:** Dr David Little C7017217 (Consultant Radiologist)

**Verified by:** Dr David Little C7017217 (09-Jul-2025)

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