Progressive dyspnoea, pleural effusions and lytic bone lesions

CLINICAL PRESENTATION
A 72-year-old man was referred following a CT scan which showed lytic and sclerotic lesions in the spine and pelvis with bilateral pleural effusions and thickening. The patient was an ex-smoker with progressive dyspnoea and significant weight loss over 1 year. There was no history of exposure to asbestos. Pleural fluid analysis revealed a transudate with no malignant cells. A repeat CT scan showed small bilateral pleural effusions and rinds of solid tissue within the pleural space extending to surround the descending thoracic aorta and aortic arch. Nodular reticular shadowing was seen in both lungs extending to the periphery, particularly in the upper lobes. Another soft tissue rind surrounded the kidneys with renal sinus fat obliteration. Presumed metastases were seen in both iliac bones with surrounding sclerosis on the left and the T7 vertebral body. An isotope bone scan revealed extensive focal increased tracer activity in lower limb long bones (fig 1). Initial pleural biopsy, performed to investigate the diagnosis of malignancy, showed non-specific fibrosis. Before further investigations could be undertaken, the patient died from aspiration pneumonia following a stroke. Because of the suspicion of mesothelioma, a coronal autopsy was undertaken which confirmed bilateral pleural thickening up to 1 cm with focal calcification but no macroscopic parenchymal infiltration.

QUESTION
What is the diagnosis?

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