An 80-year-old man underwent a thoracoscopic right upper lobectomy for cT2N0 lung carcinoma. A partial anomalous drainage of the right superior pulmonary veins to the superior vena cava was discovered (Fig. 1). It was visible on computed tomography (CT) scan (Fig. 2a) and volume-rendering reconstruction (Fig. 2b). No other cardiac abnormality was found on echocardiography.

Fig. 1. Intra-operative view. Az: azygos arch; Pv: pulmonary veins; SVC: superior vena cava.

Fig. 2. (a) The diagnosis could have been suspected on the axial slices of CT scan. (b) Volume-rendering reconstruction confirms diagnosis. PV: pulmonary veins; SVC: superior vena cava; PA: right pulmonary artery.