# Row 1015

Visit Number: 5f48d9a87e8e91f5875d0f8853e59a3afb124f665c62be942cee8d4e240bea03

Masked\_PatientID: 1002

Order ID: 3575b73db23f8bf3fb6f37e7a0db71f7468e3dafe4613f82c83b69e99b0f12bd

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 19/9/2018 18:12

Line Num: 1

Text: HISTORY Persistent RMZ opacity ?cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS No comparison CT available. Note is made of CXR of 31/8/2018. THORAX A 25 x 23 x 13 mm spiculated and lobulated solid mass seen in the inferior aspect of the right upper lobe, with broad contact of the transverse fissure with the middle lobe, suspicious for a primary lung malignancy. A tiny 2 mm nodule is nonspecific in the lateral basal left lower lobe (7-71). An indeterminate 5 mm ground-glass focus is seen in the posterior aspect of the left upper lobe (7-26, 16-21). No internal solid component is noted. No other consolidation or ground-glass changes noted. There is atelectasis seen in the left lung base. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Mediastinal vasculature enhance normally. Heart size is enlarged. Ectasia of the ascending aorta measures 37mm. Aortic and coronary calcifications is noted. ABDOMEN A well-defined 8 mm hypodensity is seen in dome of segment 8 likely to represent cyst. No suspicious focal hepatic lesion detected. Portal and hepatic veins enhance normally. The common duct measures 16 mm which is prominent for the given age but may be due to post cholecystectomy status. The common duct tapers smoothly to the ampulla of vater, with no calcified stone or distal biliary/pancreatic mass. No intrahepatic biliary dilatation is noted. There is atrophy of the pancreatic body and tail with no pancreatic duct dilatation or peripancreatic stranding. A 10 x 6 mm cystic focus is noted at the anterior pancreatic head abutting the duodenal bulb, more likely a pancreatic cyst rather than a duodenal diverticulum. A 7 mm enhancing nodule is seen at the anterior aspect of the pancreatic tail (9-49), likely to represent a neuroendocrine tumour. A 14 mm simple cyst is noted in the posterior aspect of the left mid lower kidney. Other tiny hypodensities in both kidneys are too small to characterise. No hydronephrosis noted. Incidentally, there is questionable nodular thickening noted at the posterior superior lesser curvature of the gastric antrum (9-41, 17-64). The outer wall is smooth. No enlarged perigastric nodes or softtissue is noted. There is otherwise nonspecific focus of soft tissue measuring 18 x 8 x 11 mm in the right upper abdomen adjacent to the hepatic flexure (9-52, 17-58). No adjacent colonic wall thickening is noted. This is indeterminate. The adrenals, spleen, and rest of the bowel in the abdomen are unremarkable. The abdominal aorta is of normal calibre, with extensive atherosclerotic calcifications. A small amount of eccentric thrombus is noted in the posterior juxtarenal aorta (9-55) close to the right renal ostium. Lower lumbar spondylosis noted. No destructive bony lesion is seen. CONCLUSION 1. A mass in right upper lobe suspicious for primary lung malignancy. Suggest histological correlation. 2. Non-specific 2mm nodule in left lower lobe and ground glass focus in left upper lobe may be followed up. 3. Indeterminate nodular soft tissue near the hepatic flexure / distal stomach. Questionable nodular thickening at the gastric antrum - this may be evaluated on OGD. 4. Small cyst at the pancreatic head with no suspicious features. 5. Small enhancing nodule at the pancreatic tail, likely a neuroendocrine tumour. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 540a5e8b1a162c8fd59fb18b20ff4a0cbc536382eba41308fbf8e7533affcca8

Updated Date Time: 20/9/2018 14:11

## Layman Explanation

This radiology report discusses HISTORY Persistent RMZ opacity ?cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 80 FINDINGS No comparison CT available. Note is made of CXR of 31/8/2018. THORAX A 25 x 23 x 13 mm spiculated and lobulated solid mass seen in the inferior aspect of the right upper lobe, with broad contact of the transverse fissure with the middle lobe, suspicious for a primary lung malignancy. A tiny 2 mm nodule is nonspecific in the lateral basal left lower lobe (7-71). An indeterminate 5 mm ground-glass focus is seen in the posterior aspect of the left upper lobe (7-26, 16-21). No internal solid component is noted. No other consolidation or ground-glass changes noted. There is atelectasis seen in the left lung base. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Mediastinal vasculature enhance normally. Heart size is enlarged. Ectasia of the ascending aorta measures 37mm. Aortic and coronary calcifications is noted. ABDOMEN A well-defined 8 mm hypodensity is seen in dome of segment 8 likely to represent cyst. No suspicious focal hepatic lesion detected. Portal and hepatic veins enhance normally. The common duct measures 16 mm which is prominent for the given age but may be due to post cholecystectomy status. The common duct tapers smoothly to the ampulla of vater, with no calcified stone or distal biliary/pancreatic mass. No intrahepatic biliary dilatation is noted. There is atrophy of the pancreatic body and tail with no pancreatic duct dilatation or peripancreatic stranding. A 10 x 6 mm cystic focus is noted at the anterior pancreatic head abutting the duodenal bulb, more likely a pancreatic cyst rather than a duodenal diverticulum. A 7 mm enhancing nodule is seen at the anterior aspect of the pancreatic tail (9-49), likely to represent a neuroendocrine tumour. A 14 mm simple cyst is noted in the posterior aspect of the left mid lower kidney. Other tiny hypodensities in both kidneys are too small to characterise. No hydronephrosis noted. Incidentally, there is questionable nodular thickening noted at the posterior superior lesser curvature of the gastric antrum (9-41, 17-64). The outer wall is smooth. No enlarged perigastric nodes or softtissue is noted. There is otherwise nonspecific focus of soft tissue measuring 18 x 8 x 11 mm in the right upper abdomen adjacent to the hepatic flexure (9-52, 17-58). No adjacent colonic wall thickening is noted. This is indeterminate. The adrenals, spleen, and rest of the bowel in the abdomen are unremarkable. The abdominal aorta is of normal calibre, with extensive atherosclerotic calcifications. A small amount of eccentric thrombus is noted in the posterior juxtarenal aorta (9-55) close to the right renal ostium. Lower lumbar spondylosis noted. No destructive bony lesion is seen. CONCLUSION 1. A mass in right upper lobe suspicious for primary lung malignancy. Suggest histological correlation. 2. Non-specific 2mm nodule in left lower lobe and ground glass focus in left upper lobe may be followed up. 3. Indeterminate nodular soft tissue near the hepatic flexure / distal stomach. Questionable nodular thickening at the gastric antrum - this may be evaluated on OGD. 4. Small cyst at the pancreatic head with no suspicious features. 5. Small enhancing nodule at the pancreatic tail, likely a neuroendocrine tumour. 6. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.