# Row 1020

Visit Number: f29e3a6c14f54365dfde122fb3ae95921183f633dc74727fab07275e6ed489b0

Masked\_PatientID: 1002

Order ID: f42e90e700f12d44aee265630e9b0f1bf109d6983fcfd368aad2a80e08b872be

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/9/2019 12:47

Line Num: 1

Text: HISTORY s/p R VATS upper and middle lobectomy TECHNIQUE Unenhanced CT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 19 March 2019. The patient is status post right upper lobectomy with middle lobe wedge resection (Oct 2018) for lung adenocarcinoma. There is stable compensatory inflation of the right lower lobe with mild basal scarring. Previously seen small right pleural effusion has resolved. No overt thickening of the pleura withinthe limits of unenhanced study. No new suspicious pulmonary nodule or focal consolidation is seen. A 5 mm ground-glass opacity in left upper lobe (3-27) and another tiny nodule in left lower lobe (3-73) have been stable since the CT of 19 September 2018. The remaining airways are grossly patent. The heart is mildly enlarged. No pericardial effusion. No enlarged mediastinal lymph node is seen. Triple-vessel coronary arterial calcifications. Stable nonspecific hypodensity in the right thyroid lobe. In the visualised upper abdomen, a stable hypodensity in hepatic segment 8 probably represents a cyst. No adrenal mass. Status post cholecystectomy. No destructive bony lesion is noted. CONCLUSION Status post right upper lobectomy with middle lobe wedge resection for lung adenocarcinoma with no evidence of recurrence in the thorax. Previously seen small right pleural effusion has resolved. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: bc7248aecd7a673abe54bf14e6a42bbae41fef43dff9aa9d6c4bf313572d4acb

Updated Date Time: 30/9/2019 16:35

## Layman Explanation

This radiology report discusses HISTORY s/p R VATS upper and middle lobectomy TECHNIQUE Unenhanced CT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 19 March 2019. The patient is status post right upper lobectomy with middle lobe wedge resection (Oct 2018) for lung adenocarcinoma. There is stable compensatory inflation of the right lower lobe with mild basal scarring. Previously seen small right pleural effusion has resolved. No overt thickening of the pleura withinthe limits of unenhanced study. No new suspicious pulmonary nodule or focal consolidation is seen. A 5 mm ground-glass opacity in left upper lobe (3-27) and another tiny nodule in left lower lobe (3-73) have been stable since the CT of 19 September 2018. The remaining airways are grossly patent. The heart is mildly enlarged. No pericardial effusion. No enlarged mediastinal lymph node is seen. Triple-vessel coronary arterial calcifications. Stable nonspecific hypodensity in the right thyroid lobe. In the visualised upper abdomen, a stable hypodensity in hepatic segment 8 probably represents a cyst. No adrenal mass. Status post cholecystectomy. No destructive bony lesion is noted. CONCLUSION Status post right upper lobectomy with middle lobe wedge resection for lung adenocarcinoma with no evidence of recurrence in the thorax. Previously seen small right pleural effusion has resolved. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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