# Row 10806

Visit Number: a1df1e1c32bef2d949092c9103bef89fba924dbfa8fa4d6a10c24c00a2894203

Masked\_PatientID: 10806

Order ID: c3c6be79de2aa3498c8e90cf53e6464ff2fdaf2fb884965929c41a20ba93bd81

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/5/2018 8:33

Line Num: 1

Text: HISTORY to look calcification of aorta - pre-CABG TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the CT scan of 9/3/2011 (Changi General Hospital). Aortic calcification is noted as follows: - Ascending aorta : moderate calcification - Aortic arch : mild calcification - Descending aorta : minimal calcification The imaged aorta is normal in calibre. No periaortic fat stranding or fluid is detected. Theheart size is normal. Coronary artery and aortic valve calcifications are seen. There is a small amount of pericardial fluid. There is a 1.2 x 0.6 cm ground-glass nodule in the right upper lobe apical segment (im 6-26). Two other smaller (about 0.4 cm) nodules are detected in the left upper lobe apicoposterior segment (im 6-36) and right upper lobe posterior segment (6-40). No pulmonary mass is detected. The central airways are patent. No pleural effusion is seen. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The upper abdominal sections show that the known left adrenal nodule is now 2.8 x 2.1 cm in size (im 3-95, versus 1.6 x 1.3 cm previously in prior 8-100), with a densityof about 53 HU. No destructive bone lesion is seen. The right upper back lipoma has been resected with scarring seen in this region. There is a stable 1.1 cm subcutaneous soft tissue nodule in the lower left anterior chest wall (im 3-78). Bilateral partially calcified thyroid nodules are again noted. CONCLUSION 1. Moderate calcification of the ascending aorta. No aortic aneurysm detected. 2. Non-specific 1.2 x 0.6 cm right lung apex ground-glass nodule. Two other smaller (0.4 cm) nodules in both upper lobes are also non-specific. Suggest follow-up imaging to ascertain stability. 3. Significant enlargement of the left adrenal nodule since 2011. Dedicated CT adrenals may be helpful for further evaluation. May need further action Reported by: <DOCTOR>

Accession Number: dbb01490a1f92619ab81e1eb9aa8fa765789bd8d4722a02a7adbf061c46ea85e

Updated Date Time: 23/5/2018 10:03