# Row 11256

Visit Number: 2321e3cb866fbd560cdaa4f83643c6dfd58bb13671a2749126dd3bc1889d757f

Masked\_PatientID: 11230

Order ID: ae5dc883e5246957234d5404a788b399a208578e87c26eb819ffa40ca78f7d56

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/1/2015 11:31

Line Num: 1

Text: HISTORY HEAVY SMOKER WITH SOB.CXR RAISED HEMIDIAPHRAGM. FAMILY HX OF CANCER. TECHNIQUE Low-dose noncontrast CT protocol. FINDINGS No previous CT examination available for comparison. Minor scarring is noted in both lung apices. A tiny 2 mm nodule in the left apex (series three image 23) adjacent to mildly thickened bronchiole is nonspecific. Linear scarring is also noted adjacent to this (series three, image 25). Mild centrilobular emphysematous changes are seenelsewhere in the upper lobes. Dependent changes are also noted in the both lower lobes. No focal suspicious lung lesion is detected. The central airways are clear. Heart is normal in size. Mild calcification is noted in the coronary arteries. No significantly enlarged mediastinal or hilar nodes seen. No focal pleural or pericardial abnormality detected. No gross abnormality seen in the visualised upper abdomen within the limits of this study. Mild elevation of the right hemidiaphragm may be due to eventration. Mild spondylotic changes are noted in the mid thoracic spine. No focal destructive bony lesion is detected. CONCLUSION No suspicious intrathoracic lesion is detected. Mild centrilobular emphysema. Tiny 2 mm left apical nodule adjacent to focus of scarring is nonspecific. Known / Minor Finalised by: <DOCTOR>

Accession Number: b98400f019ec45d594d1766c169581f7d9a4008c1f1505812bcb1cf3c5b812d0

Updated Date Time: 19/1/2015 16:09