# Row 11579

Visit Number: 29561dbb7ce23a51fdda9d106a8e26fbb106ac22a9b82540f75a364db63e83a8

Masked\_PatientID: 11574

Order ID: 318df23dc38ebe3fb833e6905702fb11962c5a5d1af7e68da180b9a73eb2ed9f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/3/2018 14:10

Line Num: 1

Text: HISTORY right perifissural nodule for investigation TECHNIQUE Non-contrast low radiation dose CT of the thorax. FINDINGS Comparison is made with the CT of 20 Nov 2017 (TTSH). There is again a 1.2 x 0.7 x 0.5 cm nodule in the lower lobe of the right lung adjacent to the oblique fissure (se 3-37, 6-29). It again shows spiculated margins and indrawing of the fissure. It is unchanged in size. It is suspicious for a primary lung malignancy. Several subcentimetre centrilobular ground-glass nodules in the left upper lobe are probably inflammatory or post-inflammatory in aetiology. There is a subcentimetre calcified granuloma in the right lower lobe. A subcentimetre lung cyst is also seen in the right lower lobe. There are areas of scarring/ atelectasis in the upper and middle lobes of the right lung, and in the left upper lobe. No pleural effusion is detected. No enlarged lymph node is detected in the mediastinum and pulmonary hila. Mildly enlarged axillary lymph nodes are probably reactive in aetiology. The visualised left kidney is atrophied, in keeping with chronic renal parenchymal disease. No skeletal metastasis is detected. CONCLUSION The small nodule in the right lung is suspicious for a primary lung malignancy; suggest histological correlation. May need further action Reported by: <DOCTOR>

Accession Number: 3530cde72b12a0245544af8160c6e9c989cfbf36451f6617d994380c8a595c8c

Updated Date Time: 22/3/2018 16:19