# Row 1282

Visit Number: 473178734bc8432503e78722d38f3a4b2fc1ee944d8c936331af8541eba22787

Masked\_PatientID: 1282

Order ID: e0c72a7739fc00d4b587d3941d4d99d652ab6a5f0a5f1703fc6635e31335fcf4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/10/2017 19:09

Line Num: 1

Text: HISTORY presents with hoarseness of voice, new left perihilar mass for investigation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is radiograph dated 28/10/2017 was reviewed. There is an ill-defined mass in the left perihilar region measuring approximately 4 x 3.7 x 7.7 cm (AP x TR x CC). There are multiple areas of necrosis and cavitation is within the mass. There is encasement of the left main and the left lower lobe pulmonary artery. The left lower lobe bronchus is also encased. There is significant narrowing of the left upper lobe bronchus as well. Multiple enlarged bilateral paratracheal lymph nodes are noted, largest measuring up to 3.5 x 2.2 cm (5/34). There is an enlarged left hilar lymph node measuring 1.8 by 1.4 cm (5/41). Patchy opacities are noted in the left lower lobe and the lingula. Few tiny centrilobular nodular opacities are also noted in the right lower lobe. A 3 mm nonspecific nodule is noted in the right middle lobe. No small left pleural effusion is noted. The cardiac size is not overtly enlarged. No evidence of pericardial effusion. The visualised upper abdominal viscera appear unremarkable. There are no destructive bony lesions. CONCLUSION -The large necrotic left hilar mass encasing the pulmonary artery and the bronchi is highly suspicious for primary lung malignancy. - Significantly enlarged mediastinal and right hilar lymph node. -Patchy opacities and nodules in the lingula and lower lobes could be due to superimposed infective changes. -Nonspecific small nodule in the right middle lobe. May need further action Finalised by: <DOCTOR>

Accession Number: 3a93e135fabff7e188729d310b537651434319e9be5f82f860d5b7839ba775c3

Updated Date Time: 30/10/2017 20:55

## Layman Explanation

This radiology report discusses HISTORY presents with hoarseness of voice, new left perihilar mass for investigation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is radiograph dated 28/10/2017 was reviewed. There is an ill-defined mass in the left perihilar region measuring approximately 4 x 3.7 x 7.7 cm (AP x TR x CC). There are multiple areas of necrosis and cavitation is within the mass. There is encasement of the left main and the left lower lobe pulmonary artery. The left lower lobe bronchus is also encased. There is significant narrowing of the left upper lobe bronchus as well. Multiple enlarged bilateral paratracheal lymph nodes are noted, largest measuring up to 3.5 x 2.2 cm (5/34). There is an enlarged left hilar lymph node measuring 1.8 by 1.4 cm (5/41). Patchy opacities are noted in the left lower lobe and the lingula. Few tiny centrilobular nodular opacities are also noted in the right lower lobe. A 3 mm nonspecific nodule is noted in the right middle lobe. No small left pleural effusion is noted. The cardiac size is not overtly enlarged. No evidence of pericardial effusion. The visualised upper abdominal viscera appear unremarkable. There are no destructive bony lesions. CONCLUSION -The large necrotic left hilar mass encasing the pulmonary artery and the bronchi is highly suspicious for primary lung malignancy. - Significantly enlarged mediastinal and right hilar lymph node. -Patchy opacities and nodules in the lingula and lower lobes could be due to superimposed infective changes. -Nonspecific small nodule in the right middle lobe. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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