# Row 13082

Visit Number: 7f92a7aad5466c688a8a4c0d7045d6a369ccc60d9daa2d5e4b3b5f0a5f6d70e8

Masked\_PatientID: 13080

Order ID: 7420d5f99b8830a77aa060f06c45de3108775d0f4a0f55c2f86382011565a9fe

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/4/2019 15:22

Line Num: 1

Text: HISTORY follow up bilateral multiple lung nodules TTNA RLL nodule - organizing pneumonia smoker TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made withthe previous CT thorax study dated 3\1\19. The previously seen irregular nodule in the right lower lobe has resolved. The tiny nodule in the left upper lobe is also resolved. The rounded nodule in the left lower lobe (5-64) is unchanged in size and appearance. No new pulmonary nodules are detected. Mild scarring is seen in the right apex. The visualised mediastinal vasculature is patent. No enlarged lymph node is seen in the mediastinum and pulmonary hila, or in the supraclavicular regions. Tiny hypodensities are seen in the left thyroid lobe which may represent cystic lesions. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show a fatty liver and a cyst measuring 4.1 x 3.4 x 3.4 cmin the upper pole of the left kidney. CONCLUSION 1. There is resolution of the previously identified irregular nodule in the right lower lobe. Stable small nodule in the left lower lobe. This is nonspecific but likely postinflammatory. No newsuspicious pulmonary or mediastinal mass. 2. Fatty liver is present. 3. A cyst is seen in the upper pole of the left kidney. Report Indicator: Known \ Minor Reported by: <DOCTOR>

Accession Number: 27009d636699e006d03af5b3a85ba377313105ecfca7e8141210bc25e69c0c2c

Updated Date Time: 08/4/2019 12:13