# Row 13080

Visit Number: 4a26f089606822816041d0181ce09b1abf07eb57334e7de08b55ccf7ab80440b

Masked\_PatientID: 13080

Order ID: 5375e94fdb6e44db00e7b2bbef2b1fc1db0958cc353b71efd13df29780cd945f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/1/2019 14:06

Line Num: 1

Text: HISTORY Right lower lobe lung nodules (incidental finding on CT scan) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No significantly enlarged axillary, mediastinal or hilar lymph node. There is no pleural effusion or pericardial effusion. The visualised mediastinal vasculature is patent. There is a 9 mm irregular nodule in the right lower lobe (401-84) and another tiny nodule in the right lowerlobe (401-74, 86). In the left lower lobe, 6 mm nodule is present (401-61). Tiny nodule is present in left upper lobe (401-21, 30). Mild nodular thickening of the right oblique fissure is noted (405-39). In the visualised upper abdomen, no adrenal mass. Cyst is visualised in the partially imaged left kidney measuring a 0.6 cm. The liver is diffusely fatty. Gallstones are present. Peripancreatic fat stranding and swelling of the pancreas is in keeping with known pancreatitis. Noaggressive bony lesion. CONCLUSION There are bilateral pulmonary nodules, the largest is in the right lower lobe with irregular margins. There is also nodular thickening of the right oblique fissure but no significant pleural effusion. These findings are indeterminate but a neoplastic aetiology should be considered. Suggest close follow-up or histological correlation. May need further action Finalised by: <DOCTOR>

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