# Row 13378

Visit Number: 7592df1a5535121b9f113a04f1f9c050d44336bc650b12ee44adee91c75ee31e

Masked\_PatientID: 13378

Order ID: 6cd9013f41a441795f17728641dd3c54d524af0c25c0353a21390e21e54a463c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/12/2016 9:12

Line Num: 1

Text: HISTORY CT thorax to f/u on right lung lesion noted on CXR. TECHNIQUE CT chest employing 50 ml iohexol 350 was procured and read on its own. FINDINGS There is a mass with slightly spiculated margin measuring 1.5 x 2.0cm (series 4, image 22) in the posterior segment of the right upper lobe, abutting the pleura. Bilateral subpleural reticulation is evident in the upper and lower zones, suggestive of early interstitial lung disease (ILD). No pleural effusion is detected. The tracheo-bronchial airway is patent with no intraluminal mass or nodule. Small volume paratracheal lymph nodes are visualised. No enlarged mediastinal, hilar, supraclavicular or axillary lymph nodes are detected. The heart is mildly enlarged. The RCA and LAD reveal atherosclerotic calcification, with stents in the mid and distal LAD. No pericardial effusion, thickening or calcification is detected. Several stones are seen in the gall bladder. The appended upper abdomen is otherwise unremarkable. There is no destructive bony lesion. CONCLUSION 1. There is a 2.0 cm mass with spiculated margin in the right upper lobe likely primary pulmonary neoplasm. 2. Bilateral subpleural reticulation may represent early interstitial lung disease. 3. Coronary artery disease. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: ff6d3f50f29286233871fae52946eab3aab66925818cf154a125d8bbbd5ac611

Updated Date Time: 19/12/2016 11:43