# Row 2236

Visit Number: 55f2eb749328dc2c5681f3928e52e0c554bca6ebf4888e30a55ab773c5edd818

Masked\_PatientID: 2235

Order ID: d4ba758ea78b4a73c4d3407df802f57d22331e2c1311a1f64c1802918e780bbd

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/1/2019 0:46

Line Num: 1

Text: HISTORY To look for lymphadenopathy on a bg of splenic hypodense lesion with lymphocytosis/monocytosis possible newly diagnosed lymphoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT from 29/12/2006 was reviewed. There has been prior right mastectomy. A nonspecific calcification is seen at the mastectomy site. There is mild thickening in the right axilla, relatively improved since 2006 CT and likely postsurgical change. In the left breast, a few coarse calcifications are also nonspecific. Small volume mediastinal lymph nodes are not enlarged based on size criteria. There is no significantly enlarged lymph node. There is right apical lung scarring. Scattered foci of minor atelectasis in the lungs. There is no lung nodule, consolidation, ground glass changes or pleural effusion. The heart is prominent in size. There are some vascular calcifications. No pericardial effusion. There is no bony destruction. In the right thyroid lobe, a 5 mm hypodense focus is nonspecific in appearance. The hypoenhancing lesion in the spleen anteriorly is relatively stable in size, measuring up to 4.2 cm in length. There is perisplenic fat stranding, relatively stable from previous. There is no destructive bony lesion. There is a bony haemangioma L2 vertebral body. There is a 2.4 x 1.3 cm intramuscular lipoma in the right trapezius muscle. CONCLUSION No significant lymphadenopathy in the thorax. No significant lung findings. Prior right mastectomy. The splenic lesion and perisplenic fat stranding are relatively stable. Known / Minor Finalised by: <DOCTOR>

Accession Number: b59e6978f4872608b909189cf53652b79f028f83010b9cb45ba6644a09077b91

Updated Date Time: 18/1/2019 9:25

## Layman Explanation

This radiology report discusses HISTORY To look for lymphadenopathy on a bg of splenic hypodense lesion with lymphocytosis/monocytosis possible newly diagnosed lymphoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT from 29/12/2006 was reviewed. There has been prior right mastectomy. A nonspecific calcification is seen at the mastectomy site. There is mild thickening in the right axilla, relatively improved since 2006 CT and likely postsurgical change. In the left breast, a few coarse calcifications are also nonspecific. Small volume mediastinal lymph nodes are not enlarged based on size criteria. There is no significantly enlarged lymph node. There is right apical lung scarring. Scattered foci of minor atelectasis in the lungs. There is no lung nodule, consolidation, ground glass changes or pleural effusion. The heart is prominent in size. There are some vascular calcifications. No pericardial effusion. There is no bony destruction. In the right thyroid lobe, a 5 mm hypodense focus is nonspecific in appearance. The hypoenhancing lesion in the spleen anteriorly is relatively stable in size, measuring up to 4.2 cm in length. There is perisplenic fat stranding, relatively stable from previous. There is no destructive bony lesion. There is a bony haemangioma L2 vertebral body. There is a 2.4 x 1.3 cm intramuscular lipoma in the right trapezius muscle. CONCLUSION No significant lymphadenopathy in the thorax. No significant lung findings. Prior right mastectomy. The splenic lesion and perisplenic fat stranding are relatively stable. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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