# Row 2648

Visit Number: 28727bc74978f3401e5ff42582c78b771ef55018711a85471ada67beaceb2901

Masked\_PatientID: 2647

Order ID: a473ab5085bc152311b3dbf68f44eedcbe7077e67e584d28064b026966b8b41c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/11/2018 10:38

Line Num: 1

Text: HISTORY CHild A liver cirrhosis with recurrent HCC. Liver Transplant workup TECHNIQUE Contrast enhanced scans of the thorax obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior CT scansavailable for comparison at the time reporting. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. There is mild background atherosclerosis. Heart size is top normal. No pericardial effusion is seen. There is a 2.2 x 1.7 cm ground-glass nodule in the right lung apex (500-90) which contains a small 0.6 x 0.4 cm solid component (500-87). No pulmonary mass or consolidation is detected. The central airways are patent. No pleural effusion is detected. The limited sections of the upper abdomen again reveal an enhancing right hepatic lobe lesion adjacent to the segment 6 ablation site (402-93). No destructive bone lesion detected. CONCLUSION 1. Part-solid right upper lobe nodule, indeterminate for an inflammatory versus neoplastic (primary lung) lesion. Suggest follow-up CT in 3 to 6 months to ascertain persistence of this lesion. 2. No definite intra-thoracic metastasis detected. May need further action Finalised by: <DOCTOR>

Accession Number: ab711b68039be21058c4e07d307462e73326cf4463b8571f52b1769d1add8ed3

Updated Date Time: 29/11/2018 11:04

## Layman Explanation

This radiology report discusses HISTORY CHild A liver cirrhosis with recurrent HCC. Liver Transplant workup TECHNIQUE Contrast enhanced scans of the thorax obtained. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior CT scansavailable for comparison at the time reporting. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly preserved opacification. There is mild background atherosclerosis. Heart size is top normal. No pericardial effusion is seen. There is a 2.2 x 1.7 cm ground-glass nodule in the right lung apex (500-90) which contains a small 0.6 x 0.4 cm solid component (500-87). No pulmonary mass or consolidation is detected. The central airways are patent. No pleural effusion is detected. The limited sections of the upper abdomen again reveal an enhancing right hepatic lobe lesion adjacent to the segment 6 ablation site (402-93). No destructive bone lesion detected. CONCLUSION 1. Part-solid right upper lobe nodule, indeterminate for an inflammatory versus neoplastic (primary lung) lesion. Suggest follow-up CT in 3 to 6 months to ascertain persistence of this lesion. 2. No definite intra-thoracic metastasis detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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