# Row 3108

Visit Number: 3ff4c78ab73e378fc5ababc61d9cb6a35873e222ed5388029441f526920cda27

Masked\_PatientID: 3107

Order ID: 6384176d31ddd24cfcf78d13b6a7adf6a8357600468a4884dfc21c055a4689b6

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/6/2019 17:33

Line Num: 1

Text: HISTORY newly diagnosed likely ocular MG - tro mediastinal mass/ thymoma TECHNIQUE Scan of the chest was acquired after the administration of intravenous contrast medium. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Reference is made to prior chest radiograph dated 2 June 2019. Previous CT abdomen and pelvis dated 7 September 2015 was also reviewed. No mediastinal mass is identified. No enlarged mediastinal or hilar lymph node is evident. The mediastinal vessels opacify normally. Atherosclerotic calcifications are present in the thoracic aorta and coronary arteries. The cardiac size is enlarged. Trace amount of pericardial effusion is noted. Minimal fluid is noted in the superior pericardial recess. Subsegmental atelectasis is noted in the left lung lower lobe. No pulmonary nodule, consolidation or pleural effusion is evident. Multiple bilobar hepatic hypodensities are noted, the larger ones represent cysts or other smaller ones are too small to characterise, probably cysts. The largest hypodensity is in the right hepatic lobe measuring 5.4 cm (se 402-73). Some of the cysts demonstrate mural calcification. Partially imaged cholelithiasis. Atrophic kidneys with bilateral calyceal calculi and left renal upper pole cysts are partially included. No destructive bony lesion is identified. Degenerative changes are noted in the spine. CONCLUSION No mediastinal mass is identified. Bilobar hepatic cysts, some with peripheral coarse calcifications; renal cysts and calculi, gallstones. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: a3d35cc392468211d415e235a5062bb149271e887216e3518cd1eee857725f2c

Updated Date Time: 04/6/2019 8:59

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed likely ocular MG - tro mediastinal mass/ thymoma TECHNIQUE Scan of the chest was acquired after the administration of intravenous contrast medium. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Reference is made to prior chest radiograph dated 2 June 2019. Previous CT abdomen and pelvis dated 7 September 2015 was also reviewed. No mediastinal mass is identified. No enlarged mediastinal or hilar lymph node is evident. The mediastinal vessels opacify normally. Atherosclerotic calcifications are present in the thoracic aorta and coronary arteries. The cardiac size is enlarged. Trace amount of pericardial effusion is noted. Minimal fluid is noted in the superior pericardial recess. Subsegmental atelectasis is noted in the left lung lower lobe. No pulmonary nodule, consolidation or pleural effusion is evident. Multiple bilobar hepatic hypodensities are noted, the larger ones represent cysts or other smaller ones are too small to characterise, probably cysts. The largest hypodensity is in the right hepatic lobe measuring 5.4 cm (se 402-73). Some of the cysts demonstrate mural calcification. Partially imaged cholelithiasis. Atrophic kidneys with bilateral calyceal calculi and left renal upper pole cysts are partially included. No destructive bony lesion is identified. Degenerative changes are noted in the spine. CONCLUSION No mediastinal mass is identified. Bilobar hepatic cysts, some with peripheral coarse calcifications; renal cysts and calculi, gallstones. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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