# Row 3542

Visit Number: 68420aaec843f4406d6c1cbd0113b087993da14e685fa3e985ae13ccdf9a8502

Masked\_PatientID: 3542

Order ID: fc0d3371bbb4635cde6af7670f325efcd9a6002efec29af4203fb84bb440573a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/1/2018 10:16

Line Num: 1

Text: HISTORY Lung nodule noted on CT liver background recently diagnosed cryptogenic liver cirrhosis cx by grade 2 esophageal varices and HCC s/p RFA on 2 Jan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior comparison study is available. Previous CT liver dated 2 January 2018 was reviewed. The previous chest radiograph dated 20 August 2017 was reviewed. There is a stable irregular soft tissue nodular density in the lateral segment of middle lobe, measuring approximately 2.2 x 1.6 CM (5/73 vs prior 15/10) but new since 23/8/17. This is worrisome in nature. A smaller nodule measuring 0.6 x 0.4 cm is noted in the posterior segment of the right upper lobe with associated tethering of horizontal fissure (7/36). Few tree-in-bud nodularities are also seen in the vicinity. This remains indeterminate in nature. Bilateral apical pleural thickening is noted. No pleural effusion is detected. No enlarged supraclavicular, axillary, mediastinum or hilar lymph nodes are detected. The tracheobronchial tree is patent. The heart is not enlarged. Calcifications of coronary arteries are noted. No pericardial effusion isseen. There are diffuse calcifications with mural thrombus at arch of the aorta. Gynaecomastia is noted. In the limited section of the upper abdomen, the liver is nodular and shrunken, compatible with cirrhosis. There is a hypodense area in segment VII of the liver measuring 3.3 x 2.2 cm, compatible with recent RFA ablation zone. Prominent gastrohepatic varices are seen compatible with portal hypertension. No destructive bony lesion is detected. CONCLUSION 1. Irregular soft tissue nodular density in the middle lobe is new since CT Aug 2017 and is suspicious for malignancy (metastasis or primary lung malignancy). CT guided biopsy for histopathological correlation is suggested. 2. Another 0.6 x 0.4 cm nodule measuring in the right upper lobe is indeterminate. Attention on follow up is suggested. 3. Cirrhotic liver with portal hypertension. Hypodense area in segment VII of the liver is compatible with recent RFA ablation zone. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: c4d000cc12311122cc1ac06a5fce3a2b9295f0933474c858be4d8a2e98830ba8

Updated Date Time: 04/1/2018 12:47

## Layman Explanation

This radiology report discusses HISTORY Lung nodule noted on CT liver background recently diagnosed cryptogenic liver cirrhosis cx by grade 2 esophageal varices and HCC s/p RFA on 2 Jan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior comparison study is available. Previous CT liver dated 2 January 2018 was reviewed. The previous chest radiograph dated 20 August 2017 was reviewed. There is a stable irregular soft tissue nodular density in the lateral segment of middle lobe, measuring approximately 2.2 x 1.6 CM (5/73 vs prior 15/10) but new since 23/8/17. This is worrisome in nature. A smaller nodule measuring 0.6 x 0.4 cm is noted in the posterior segment of the right upper lobe with associated tethering of horizontal fissure (7/36). Few tree-in-bud nodularities are also seen in the vicinity. This remains indeterminate in nature. Bilateral apical pleural thickening is noted. No pleural effusion is detected. No enlarged supraclavicular, axillary, mediastinum or hilar lymph nodes are detected. The tracheobronchial tree is patent. The heart is not enlarged. Calcifications of coronary arteries are noted. No pericardial effusion isseen. There are diffuse calcifications with mural thrombus at arch of the aorta. Gynaecomastia is noted. In the limited section of the upper abdomen, the liver is nodular and shrunken, compatible with cirrhosis. There is a hypodense area in segment VII of the liver measuring 3.3 x 2.2 cm, compatible with recent RFA ablation zone. Prominent gastrohepatic varices are seen compatible with portal hypertension. No destructive bony lesion is detected. CONCLUSION 1. Irregular soft tissue nodular density in the middle lobe is new since CT Aug 2017 and is suspicious for malignancy (metastasis or primary lung malignancy). CT guided biopsy for histopathological correlation is suggested. 2. Another 0.6 x 0.4 cm nodule measuring in the right upper lobe is indeterminate. Attention on follow up is suggested. 3. Cirrhotic liver with portal hypertension. Hypodense area in segment VII of the liver is compatible with recent RFA ablation zone. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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