# Row 376

Visit Number: db8aa83453596550699c68fce5b22c061c1291f6572fcedeb3217dc82a268257

Masked\_PatientID: 356

Order ID: 5b1424ad3d1589908a5133c11f6221220eb64e6c7904e911a758a291d095c3f1

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/4/2016 10:38

Line Num: 1

Text: HISTORY thymoma resected TECHNIQUE Scans acquired as per department protocol. 50ml of Omnipaque 350 given intravenously. FINDINGS The CT chest of 19 January 2015 and chest radiograph of 7 November 2015 were reviewed. Status post thymoma resection on 11 March 2015 with midline sternotomy noted. Surgical clips are seen just adjacent to the right atrium in the anterior mediastinum. There is a 9 mm soft tissue thickening in the anterior mediastinum (img 3-35) with adjacent scarring in the medial segment of the middle lobe and anterior segment of the right upper lobe – this is more likely attributed to a post-surgical appearance rather than recurrence. There is a 2 mm granuloma in the posterior basal segment of the right lower lobe. Dependent changes are seen in the lung bases. No suspicious pulmonary nodule, mass, consolidation or pleural effusion is evident. There is no enlarged mediastinal or hilar lymph node. The heart is not enlarged. There is a stable 10 mm calculus in the neck of the gallbladder. A splenunculus is seen. The lateral aspect of both breasts appear denser compared to the glandular tissue on their medial aspect. In particular, they appear asymmetric and more prominent on the left (img 3-54). There is no destructive bone lesion. CONCLUSION 1. Status post thymectomy. There is soft tissue thickening in the anterior mediastinum and adjacent scarring in the middle and upper lobes which may be attributed to a post-surgical appearance rather than recurrence. Attention on follow up imaging is suggested. 2. Asymmetric densities in the lateral aspect of both breasts, more on the left. This may represent dense glandular tissue and further clinical correlation is suggested. 3. Chlolethiasis. May need further action Reported by: <DOCTOR>

Accession Number: 61dd99986de890f2846888ed6e5a69f4d1ceb8ada6fa691d0c2516886893b1ba

Updated Date Time: 15/4/2016 12:35

## Layman Explanation

This radiology report discusses HISTORY thymoma resected TECHNIQUE Scans acquired as per department protocol. 50ml of Omnipaque 350 given intravenously. FINDINGS The CT chest of 19 January 2015 and chest radiograph of 7 November 2015 were reviewed. Status post thymoma resection on 11 March 2015 with midline sternotomy noted. Surgical clips are seen just adjacent to the right atrium in the anterior mediastinum. There is a 9 mm soft tissue thickening in the anterior mediastinum (img 3-35) with adjacent scarring in the medial segment of the middle lobe and anterior segment of the right upper lobe – this is more likely attributed to a post-surgical appearance rather than recurrence. There is a 2 mm granuloma in the posterior basal segment of the right lower lobe. Dependent changes are seen in the lung bases. No suspicious pulmonary nodule, mass, consolidation or pleural effusion is evident. There is no enlarged mediastinal or hilar lymph node. The heart is not enlarged. There is a stable 10 mm calculus in the neck of the gallbladder. A splenunculus is seen. The lateral aspect of both breasts appear denser compared to the glandular tissue on their medial aspect. In particular, they appear asymmetric and more prominent on the left (img 3-54). There is no destructive bone lesion. CONCLUSION 1. Status post thymectomy. There is soft tissue thickening in the anterior mediastinum and adjacent scarring in the middle and upper lobes which may be attributed to a post-surgical appearance rather than recurrence. Attention on follow up imaging is suggested. 2. Asymmetric densities in the lateral aspect of both breasts, more on the left. This may represent dense glandular tissue and further clinical correlation is suggested. 3. Chlolethiasis. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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