# Row 3771

Visit Number: f3f840550a9be7df622c3ede5df92f4d1da68b44ab0a571e5a740135dd2fd010

Masked\_PatientID: 3771

Order ID: 6a23200a1f21b2c899a5a90fbcd077255b34426de223e681ff2ed8d3f96e1081

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 20/7/2015 14:55

Line Num: 1

Text: HISTORY 73 yo with history or ca glottis withh hemoptysis now TRO recurrence. CXR has increased calcifications and prev chronic fibrothorax TECHNIQUE Contrast enhanced scans of the thorax and abdomen. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with the CT of 24 February 2010 done at National Cancer Centre. The chest radiographs of 18 July 2015 and 3 February 2010 were also reviewed. There is a stable borderline enlarged right hilar lymph node measuring 1.5 x 1.1 cm (image 8048-59). No new significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. There is borderline cardiac enlargement. No pericardial effusion is seen. There is stable prominent right pleural thickening and calcification. Milder focal pleural thickening and calcification is seen in the left lung apex and left lung base, more prominent compared to the prior scan. There is also increased thickening and mild nodularity of the left oblique fissure (image 849-22). There is stable volume loss of the right lung, with scattered areas of scarring and traction bronchiectasis evident, most prominent in the right upper lobe. Paraseptal emphysema is seen in the left upper lobe. The two small nodules previously seen in the left lung are stable, measuring 3 mm in the left upper lobe (image 80510 - 30) and 4 mm in the left lower lobe lateral basal segment (image 80510 - 78). Stable linear atelectasis is seen in the left lower lobe lateral basal segment. There is a new 7 mm subpleural nodular opacity in the left lower lobe lateral basal segment (image 80510 - 90), indeterminate in nature.The other new opacities in the left lower lobe posterior basal segment have a flat configuration, favouring an inflammatory aetiology. The central airways are patent. Stable subcentimetre hypodensities are seen in segments 2/3 and 5 of the liver (images 80611-31 and 45). The tiny hypodensity in the periphery of segment 6 (image 80611 - 49) is too small to characterise. The gallbladder appears unremarkable and the biliary tree is not dilated. The spleen, pancreas and adrenal glands appear unremarkable. There is symmetrical renal enhancement. There is a stable subcentimetre left renal hypodensity, too small to characterise but most probably a cyst. The visualised bowel loops are normal in calibre. No significantly enlarged para-aortic lymph node or ascites is seen. The left psoas muscle is smaller compared to the right. No destructive bone lesion is seen. CONCLUSION Comparison made with the CT of 24 Feb 2010. 1. Stable prominent right pleural thickening and calcification, with loss of volume of the right lung, compatible with prior inflammation/infection (e.g. empyema). Mild interval increased left-sided pleural thickening and calcification. 2. New 7 mm subpleural left lower lobe nodular opacity, indeterminate in nature. The other new left lower lobe opacities have a flat configuration, favouring an inflammatory aetiology. Follow-up imaging may help assess stability of these findings. 3. Two previously identified small (3 – 4 mm) left lung nodules (left upper and lower lobes) are stable. 4. Stable borderline enlarged right hilar lymph node. No new significantly enlarged lymph node detected. 5. Subcentimetre hepatic and left renal hypodensities, mostly stable and too small to characterise. May need further action Finalised by: <DOCTOR>

Accession Number: 7927053a33549d1df4df236d65eafc3ad1cb450b97fd00112c5b668ed6f2ada5

Updated Date Time: 15/5/2017 16:33

## Layman Explanation

This radiology report discusses HISTORY 73 yo with history or ca glottis withh hemoptysis now TRO recurrence. CXR has increased calcifications and prev chronic fibrothorax TECHNIQUE Contrast enhanced scans of the thorax and abdomen. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison made with the CT of 24 February 2010 done at National Cancer Centre. The chest radiographs of 18 July 2015 and 3 February 2010 were also reviewed. There is a stable borderline enlarged right hilar lymph node measuring 1.5 x 1.1 cm (image 8048-59). No new significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. There is borderline cardiac enlargement. No pericardial effusion is seen. There is stable prominent right pleural thickening and calcification. Milder focal pleural thickening and calcification is seen in the left lung apex and left lung base, more prominent compared to the prior scan. There is also increased thickening and mild nodularity of the left oblique fissure (image 849-22). There is stable volume loss of the right lung, with scattered areas of scarring and traction bronchiectasis evident, most prominent in the right upper lobe. Paraseptal emphysema is seen in the left upper lobe. The two small nodules previously seen in the left lung are stable, measuring 3 mm in the left upper lobe (image 80510 - 30) and 4 mm in the left lower lobe lateral basal segment (image 80510 - 78). Stable linear atelectasis is seen in the left lower lobe lateral basal segment. There is a new 7 mm subpleural nodular opacity in the left lower lobe lateral basal segment (image 80510 - 90), indeterminate in nature.The other new opacities in the left lower lobe posterior basal segment have a flat configuration, favouring an inflammatory aetiology. The central airways are patent. Stable subcentimetre hypodensities are seen in segments 2/3 and 5 of the liver (images 80611-31 and 45). The tiny hypodensity in the periphery of segment 6 (image 80611 - 49) is too small to characterise. The gallbladder appears unremarkable and the biliary tree is not dilated. The spleen, pancreas and adrenal glands appear unremarkable. There is symmetrical renal enhancement. There is a stable subcentimetre left renal hypodensity, too small to characterise but most probably a cyst. The visualised bowel loops are normal in calibre. No significantly enlarged para-aortic lymph node or ascites is seen. The left psoas muscle is smaller compared to the right. No destructive bone lesion is seen. CONCLUSION Comparison made with the CT of 24 Feb 2010. 1. Stable prominent right pleural thickening and calcification, with loss of volume of the right lung, compatible with prior inflammation/infection (e.g. empyema). Mild interval increased left-sided pleural thickening and calcification. 2. New 7 mm subpleural left lower lobe nodular opacity, indeterminate in nature. The other new left lower lobe opacities have a flat configuration, favouring an inflammatory aetiology. Follow-up imaging may help assess stability of these findings. 3. Two previously identified small (3 – 4 mm) left lung nodules (left upper and lower lobes) are stable. 4. Stable borderline enlarged right hilar lymph node. No new significantly enlarged lymph node detected. 5. Subcentimetre hepatic and left renal hypodensities, mostly stable and too small to characterise. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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