# Row 3903

Visit Number: d107e4b250ad8b05845089291cf8b0e274ff6a837f65789a1d88edb059ba94df

Masked\_PatientID: 3903

Order ID: a80cac4f49d15da582f3842b978422c2b5102b3c685eeb1b1a0654fe0d32fa4b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/12/2016 13:31

Line Num: 1

Text: HISTORY Noted pulmonary opacity in right middle lobe possibly due to infective etiology on CTAP; for further investigation TECHNIQUE Unenhanced CT thorax was performed with coronal reconstruction. FINDINGS The CT abdomenand pelvis on 29 September 2016 was reviewed. There is resolution of the previous consolidation in the middle lobe lateral segment with residual linear atelectasis. A residual 4 mm nodule in the aforementioned segment is probably post-inflammatory in nature. A stable 5 mm thin-wall cyst in the right lower lobe superior segment is identified (3-46). Dependent atelectasis is seen in the left lower lobe. No new consolidation, pulmonary mass or pleural effusion is detected. There isno significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. The heart size is normal. No pericardial effusion is detected. The appended upper abdomen is unremarkable. There is no osseous destruction. CONCLUSION Almost complete resolution of the previous consolidation in the middle lobe with residual linear atelectasis and 4 mm likely post-inflammatory nodule. No new consolidation or suspicious mass seen. Known / Minor Reported by: <DOCTOR>

Accession Number: 1b1667e934a19e8015ead4faae49c07f4ba07bd938ae2a98523f1c2409eb5bba

Updated Date Time: 07/12/2016 10:21

## Layman Explanation

This radiology report discusses HISTORY Noted pulmonary opacity in right middle lobe possibly due to infective etiology on CTAP; for further investigation TECHNIQUE Unenhanced CT thorax was performed with coronal reconstruction. FINDINGS The CT abdomenand pelvis on 29 September 2016 was reviewed. There is resolution of the previous consolidation in the middle lobe lateral segment with residual linear atelectasis. A residual 4 mm nodule in the aforementioned segment is probably post-inflammatory in nature. A stable 5 mm thin-wall cyst in the right lower lobe superior segment is identified (3-46). Dependent atelectasis is seen in the left lower lobe. No new consolidation, pulmonary mass or pleural effusion is detected. There isno significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node. The heart size is normal. No pericardial effusion is detected. The appended upper abdomen is unremarkable. There is no osseous destruction. CONCLUSION Almost complete resolution of the previous consolidation in the middle lobe with residual linear atelectasis and 4 mm likely post-inflammatory nodule. No new consolidation or suspicious mass seen. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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