# Row 4079

Visit Number: 00ecf0b8cbe17346cc749e13f51666c33fbcbfc3a6eb33ce0be83f5a59e4d6c5

Masked\_PatientID: 4068

Order ID: 56fccb7d19cd741b6bbbf6cdda1837351aa82f19a4f3e186e49d39b3f7e131d7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 25/10/2017 15:02

Line Num: 1

Text: HISTORY previous papillary thyroid cancer s/p total thyroidectomy, central and left neck dissection in Dec 09. Had left neck recurrence s/p left neck dissection in 2009. Has lung metastases with repeated radioactive iodine treatments. Now has masses in both sides of neck on neck ultrasound. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison CT: 6 May 2014. New enhancing nodules are visualised in the left side of the thyroidectomy surgical bed, indenting the trachea (3-12), measuring 1.4 x 0.8 x 2.1 cm. There is a right supraclavicular lymph node measuring 1.1 x 1 cm (3-10). No enlarged axillary, mediastinal or hilar lymph node. Visualised mediastinal vasculature is patent. There is no pleural or pericardial effusion. Visualised oesophagus is unremarkable. Cystic bronchiectasis is noted in the right apex. There are multiple pulmonary nodules in both lungs which are larger. For example the left lingula lobe nodule has increased in size and measures 1.7 x 1.3 cm (5-51). In the visualised upper abdomen, there is a cyst in segment VII of the liver. An enhancing lesion at the left hepatic dome (3-82) is stable. No overt bony destruction. CONCLUSION New enhancing nodularity at the left thyroidectomy surgical bed, suspicious for local recurrence. Right supraclavicular lymph node, indeterminate, possibly nodal metastasis. Bilateral pulmonary nodules are larger, suspicious for pulmonary metastasis. Indeterminate but stable enhancing nodule at the left hepatic dome. May need further action Finalised by: <DOCTOR>

Accession Number: 3cf5ec2317d083e3bf6a1538773a541727908598854aac1b02068e34c51d9ef0

Updated Date Time: 30/10/2017 12:56

## Layman Explanation

This radiology report discusses HISTORY previous papillary thyroid cancer s/p total thyroidectomy, central and left neck dissection in Dec 09. Had left neck recurrence s/p left neck dissection in 2009. Has lung metastases with repeated radioactive iodine treatments. Now has masses in both sides of neck on neck ultrasound. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison CT: 6 May 2014. New enhancing nodules are visualised in the left side of the thyroidectomy surgical bed, indenting the trachea (3-12), measuring 1.4 x 0.8 x 2.1 cm. There is a right supraclavicular lymph node measuring 1.1 x 1 cm (3-10). No enlarged axillary, mediastinal or hilar lymph node. Visualised mediastinal vasculature is patent. There is no pleural or pericardial effusion. Visualised oesophagus is unremarkable. Cystic bronchiectasis is noted in the right apex. There are multiple pulmonary nodules in both lungs which are larger. For example the left lingula lobe nodule has increased in size and measures 1.7 x 1.3 cm (5-51). In the visualised upper abdomen, there is a cyst in segment VII of the liver. An enhancing lesion at the left hepatic dome (3-82) is stable. No overt bony destruction. CONCLUSION New enhancing nodularity at the left thyroidectomy surgical bed, suspicious for local recurrence. Right supraclavicular lymph node, indeterminate, possibly nodal metastasis. Bilateral pulmonary nodules are larger, suspicious for pulmonary metastasis. Indeterminate but stable enhancing nodule at the left hepatic dome. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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