# Row 429

Visit Number: 38391f469d71916796b69b9dc85b4f647369d0832dff0cd56905962456ae79e6

Masked\_PatientID: 426

Order ID: 188dd30f9670fdfd47f7d98d22180d5ecc4be1085350e30a051cc5277dee778e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/1/2018 15:27

Line Num: 1

Text: HISTORY previous colon Ca s/p resection, chemotherapy surveillance scan noted right upper lobe lung nodule increasing in size 0.3cm to 0.6cm. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenouscontrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison is made with the chest abdomen pelvis dated 21/09/2017. There this increase in number of centrilobular nodules in the apical segment of the right upper lobe in a tree-in-bud configuration (se 8/45 and 5/19). There is associtated bronchial thickening (se 5/33). Overall findings are that of an endobronchial infection (tuberculosis is a consideration given the location). No suspicious pulmonary nodule is detected. There is no pleural effusion. No other suspicious pulmonary nodule is detected. The rest of the airways are patent. Several small mediastinal nodes are seen in the lower paratracheal station, not enlarged by size criteria. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. Centrilobular nodules in the apical segment of the right upper lobe with associated bronchial wall thickening are suspicious for an endobronchial infection. Tuberculosis should be excluded given the apical distribution. Please correlate with sputum smear and culture. 2. No suspicious pulmonary nodule or enlarged mediastinal node. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 8b8cef01394df467d2415e6e808925ff2813a6c201df84fdb5630a421ffea718

Updated Date Time: 09/1/2018 17:47

## Layman Explanation

This radiology report discusses HISTORY previous colon Ca s/p resection, chemotherapy surveillance scan noted right upper lobe lung nodule increasing in size 0.3cm to 0.6cm. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenouscontrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison is made with the chest abdomen pelvis dated 21/09/2017. There this increase in number of centrilobular nodules in the apical segment of the right upper lobe in a tree-in-bud configuration (se 8/45 and 5/19). There is associtated bronchial thickening (se 5/33). Overall findings are that of an endobronchial infection (tuberculosis is a consideration given the location). No suspicious pulmonary nodule is detected. There is no pleural effusion. No other suspicious pulmonary nodule is detected. The rest of the airways are patent. Several small mediastinal nodes are seen in the lower paratracheal station, not enlarged by size criteria. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. Centrilobular nodules in the apical segment of the right upper lobe with associated bronchial wall thickening are suspicious for an endobronchial infection. Tuberculosis should be excluded given the apical distribution. Please correlate with sputum smear and culture. 2. No suspicious pulmonary nodule or enlarged mediastinal node. 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.