# Row 482

Visit Number: 4099aa4ddeca418a877b42ae2b0f05ed62d01f8df593cf56c01d89b8546d01a3

Masked\_PatientID: 456

Order ID: 7b807222c65a38391a41049d21c7eeb08868daf1d8e4be3b82fb08c6c67066a4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/1/2016 11:43

Line Num: 1

Text: HISTORY newly diagnosed sigmoid CA in Dec 2015. previous CT showed consolidation and ground glass likely infective/ fluid overload. now repeat CXR after 1/12 shows residual patchy consolidation. though much imrproved. for interval repeat CT to further delineate these lesions? residual pneumonia vs mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The study dated 13/12/2015 was noted. The mediastinal vasculature enhances normally. There is cardiomegaly with dilated atria. A single lead cardiac conduction device is in situ with its lead tip in right ventricle. Lobulated low density in the left superior mediastinum (04-35) is stable may represent an incidental cyst. Small nonenlarged prevascular nodes are also present. No enlarged mediastinal or hilar lymph nodes. Emphysematous changes in both lungs, particularly in upper lobes, mostly in paraseptal pattern. There are dense calcified pleural plaques in right hemithorax. The previously seen air space changes in both lungs have nearly resolved now. The changes of fibrocalcific scarring in upper lobes bilaterally with associated pleural thickening at the left apical region. No discrete nodules or mass lesions are seen. There is a small left effusion. The major airways are patent. Included upper abdomen sections are grossly clear. No destructive bony lesions. CONCLUSION Compared to study of 13/12/2015, previously seen air space changes in both lungs have nearly completely resolved now. Background emphysematous changes, particularly in upper lungs with areas of fibrocalcific scarring in apices bilaterally. No discrete dominant nodule or mass. Calcified pleural plaques in right hemithorax. Unilaterality would favour a previous pyothorax / hemothorax rather than occupational exposure (such as previous asbestosis). Known / Minor Finalised by: <DOCTOR>

Accession Number: 6c8c67f9b5f907571983a6f1815d43d187b8882f9c490526ec21d38151a15ac0

Updated Date Time: 21/1/2016 12:34

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed sigmoid CA in Dec 2015. previous CT showed consolidation and ground glass likely infective/ fluid overload. now repeat CXR after 1/12 shows residual patchy consolidation. though much imrproved. for interval repeat CT to further delineate these lesions? residual pneumonia vs mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The study dated 13/12/2015 was noted. The mediastinal vasculature enhances normally. There is cardiomegaly with dilated atria. A single lead cardiac conduction device is in situ with its lead tip in right ventricle. Lobulated low density in the left superior mediastinum (04-35) is stable may represent an incidental cyst. Small nonenlarged prevascular nodes are also present. No enlarged mediastinal or hilar lymph nodes. Emphysematous changes in both lungs, particularly in upper lobes, mostly in paraseptal pattern. There are dense calcified pleural plaques in right hemithorax. The previously seen air space changes in both lungs have nearly resolved now. The changes of fibrocalcific scarring in upper lobes bilaterally with associated pleural thickening at the left apical region. No discrete nodules or mass lesions are seen. There is a small left effusion. The major airways are patent. Included upper abdomen sections are grossly clear. No destructive bony lesions. CONCLUSION Compared to study of 13/12/2015, previously seen air space changes in both lungs have nearly completely resolved now. Background emphysematous changes, particularly in upper lungs with areas of fibrocalcific scarring in apices bilaterally. No discrete dominant nodule or mass. Calcified pleural plaques in right hemithorax. Unilaterality would favour a previous pyothorax / hemothorax rather than occupational exposure (such as previous asbestosis). Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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