# Row 56

Visit Number: 5ebefe433a0e3c2068d6642245a60be67ecf6c3299ecf3008e1e926ca79adf09

Masked\_PatientID: 48

Order ID: 5092fb76e5f89dfca933bd3213b7b98422295db73df87f7eab8fb0b43399b20a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/4/2019 11:31

Line Num: 1

Text: HISTORY dilated seg 4 ducts , patient not keen for MRI due to cost CAD s\p PCI DES x 2 in LAD TECHNIQUE Quadriphasic CT liver and non-contrast CT thorax. No post-contrast scan of the thorax was done, as requested. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with the CT dated 30 November 2018. In the thorax, the anterior mediastinal mass is unchanged in size, measuring 1.6 x 1.2 cm (3-36). No pleural nodule or effusion is seen to suggest a pleural metastasis. No enlarged hilar, supraclavicular or axillary lymph node is seen. Stents are again seen in the LAD coronary artery. There is again a subcentimetre nodular density in the right lung apex (4-17), unchanged in size and appearance. This may represent scarring or atelectasis. Scarring\ atelectasis is also seen in the lingula. Subcentimetre calcified granulomas are again noted in the middle and lower lobes of the right lung. No pulmonary mass is seen. Subcentimetre hypodense nodules are suggested in the thyroid gland. In the abdomen, the liver again shows mild segmental biliary dilatation in segment 4, down to the junction of the segment 4 duct and the left hepatic duct, where no mass or calculus is seen. The adjacent left branch of the portal vein is widely patent. The extent of biliary dilatation has not changed. The rest of the biliary tree is not dilated. The liver also shows a well-defined non-enhancing subcentimetre hypodense lesion in segments 5\6, probably representing a cyst. The gallbladder appears unremarkable. The adrenal glands, pancreas and spleen are unremarkable. The right kidney shows a well-defined non-enhancing 1.2 cm hypodense lesion seen its lowerpole, consistent with a cyst. Several other subcentimetre hypodense lesions in the kidneys may also represent cysts. There is no hydronephrosis. The visualised bowel loops appear normal. No ascites is seen. No enlarged abdominal lymph node is detected. Atherosclerotic disease is seen in the aorta, with mild aneurysmal dilatation of the infrarenal abdominal aorta, measuring 2.2 cm in diameter (series 15 image 37). Small well-defined sclerotic foci in the T11 vertebra and right 6th rib are likely to represent bone islands. CONCLUSION The anterior mediastinal mass is unchanged in size. It may represent a thymoma. The segmental dilatation of the intrahepatic biliary tree is also unchanged in extent. It is probably due to a stricture at the junction of the segment 4 duct and the left hepatic duct. At this location, no mass or calculus is identified. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: ae4954d2536f9b6de6a031760c4b7b4011942eb737cca5aaed46beb797a30f02

Updated Date Time: 18/4/2019 14:23

## Layman Explanation

This radiology report discusses HISTORY dilated seg 4 ducts , patient not keen for MRI due to cost CAD s\p PCI DES x 2 in LAD TECHNIQUE Quadriphasic CT liver and non-contrast CT thorax. No post-contrast scan of the thorax was done, as requested. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison is made with the CT dated 30 November 2018. In the thorax, the anterior mediastinal mass is unchanged in size, measuring 1.6 x 1.2 cm (3-36). No pleural nodule or effusion is seen to suggest a pleural metastasis. No enlarged hilar, supraclavicular or axillary lymph node is seen. Stents are again seen in the LAD coronary artery. There is again a subcentimetre nodular density in the right lung apex (4-17), unchanged in size and appearance. This may represent scarring or atelectasis. Scarring\ atelectasis is also seen in the lingula. Subcentimetre calcified granulomas are again noted in the middle and lower lobes of the right lung. No pulmonary mass is seen. Subcentimetre hypodense nodules are suggested in the thyroid gland. In the abdomen, the liver again shows mild segmental biliary dilatation in segment 4, down to the junction of the segment 4 duct and the left hepatic duct, where no mass or calculus is seen. The adjacent left branch of the portal vein is widely patent. The extent of biliary dilatation has not changed. The rest of the biliary tree is not dilated. The liver also shows a well-defined non-enhancing subcentimetre hypodense lesion in segments 5\6, probably representing a cyst. The gallbladder appears unremarkable. The adrenal glands, pancreas and spleen are unremarkable. The right kidney shows a well-defined non-enhancing 1.2 cm hypodense lesion seen its lowerpole, consistent with a cyst. Several other subcentimetre hypodense lesions in the kidneys may also represent cysts. There is no hydronephrosis. The visualised bowel loops appear normal. No ascites is seen. No enlarged abdominal lymph node is detected. Atherosclerotic disease is seen in the aorta, with mild aneurysmal dilatation of the infrarenal abdominal aorta, measuring 2.2 cm in diameter (series 15 image 37). Small well-defined sclerotic foci in the T11 vertebra and right 6th rib are likely to represent bone islands. CONCLUSION The anterior mediastinal mass is unchanged in size. It may represent a thymoma. The segmental dilatation of the intrahepatic biliary tree is also unchanged in extent. It is probably due to a stricture at the junction of the segment 4 duct and the left hepatic duct. At this location, no mass or calculus is identified. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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