# Row 54

Visit Number: 62564cdd02412dcb1f4a41b5c3221cd920ca03ab38bb7f1409e52793f5490f98

Masked\_PatientID: 48

Order ID: aec4df3ae8b56c88dfebfe5dfdae948c97a17d9650036805c5c6aeae917f5598

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/11/2018 10:35

Line Num: 1

Text: HISTORY incidental mediastinal mass noted on previous CT scan -> for re evaluation with CT Thorax in 6/12 TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made tothe CT chest (aortogram) dated 3 June 2018. There is marginal increased size of the non-calcified anterior mediastinal nodule, now 1.5 x 1.3 cm versus previous 1.5 x 1.0 cm (se 10/30 v.s. prev 6/25). No significantly enlarged hilar, axillary or supraclavicular lymph node is seen. The heart is mildly enlarged. Background atherosclerosis with previous coronary stenting noted. No pericardial effusion is seen. The thoracic aorta is of normal calibre. Stable small (4 mm) right upper lobe nodule, nonspecific (se 12/15 v.s. prev 6/9). No new suspicious pulmonary nodule or mass is seen. Stable calcified granulomas noted in the middle and right lower lobes. Mild diffuse bronchial wall thickening is likely inflammatory. Nopleural effusion is evident. The limited sections of the upper abdomen reveal stable dilatation of the segment 4A intrahepatic bile ducts and a stable tiny hepatic segment 5 hypodensity. Stable tiny right breast nodule, nonspecific (se 10/56). No destructive bone lesion is seen. CONCLUSION 1. Marginal increased size of the anterior mediastinal nodule since 3 Jun 2018. Differentials include thymic lesion and lymph node. 2. Stable dilation of the segment 4A intrahepatic bile ducts. This may be further evaluated with MRCP if clinically indicated. May need further action Reported by: <DOCTOR>

Accession Number: e5586667203d2ce31efc57264a4064365148fbd572855da3fe29ae4590c1acb1

Updated Date Time: 30/11/2018 12:20

## Layman Explanation

This radiology report discusses HISTORY incidental mediastinal mass noted on previous CT scan -> for re evaluation with CT Thorax in 6/12 TECHNIQUE Scans acquired as per department protocol. Contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made tothe CT chest (aortogram) dated 3 June 2018. There is marginal increased size of the non-calcified anterior mediastinal nodule, now 1.5 x 1.3 cm versus previous 1.5 x 1.0 cm (se 10/30 v.s. prev 6/25). No significantly enlarged hilar, axillary or supraclavicular lymph node is seen. The heart is mildly enlarged. Background atherosclerosis with previous coronary stenting noted. No pericardial effusion is seen. The thoracic aorta is of normal calibre. Stable small (4 mm) right upper lobe nodule, nonspecific (se 12/15 v.s. prev 6/9). No new suspicious pulmonary nodule or mass is seen. Stable calcified granulomas noted in the middle and right lower lobes. Mild diffuse bronchial wall thickening is likely inflammatory. Nopleural effusion is evident. The limited sections of the upper abdomen reveal stable dilatation of the segment 4A intrahepatic bile ducts and a stable tiny hepatic segment 5 hypodensity. Stable tiny right breast nodule, nonspecific (se 10/56). No destructive bone lesion is seen. CONCLUSION 1. Marginal increased size of the anterior mediastinal nodule since 3 Jun 2018. Differentials include thymic lesion and lymph node. 2. Stable dilation of the segment 4A intrahepatic bile ducts. This may be further evaluated with MRCP if clinically indicated. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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