# Row 4848

Visit Number: 13e04736fc8a00f23111c3808e90d5ac03bfe0219ffacb824772fcc62d2a6995

Masked\_PatientID: 4847

Order ID: 01a62eaaefff1eacca355817da9a7b1b2a202ade17e9b1166f4f6c196dfbca29

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/10/2018 12:16

Line Num: 2

Text: 2018 was reviewed. No suspicious pulmonary mass or consolidation. Ill-defined patch of ground glass change in the lateral basal segment of the left lower lobe (5/69), probably corresponding to the previous area of concern on the chest radiograph. This probably represents resolving infective changes. There is a nonspecific 0.3 cm nodule in the left lower lobe (5/73). Mild focal scarring in the lingula (5/57) and mild biapical pleural thickening. Patchy atelectasis in the rest of the lungs. Trachea and central airways are patent. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Mediastinal structures opacify normally. Heart size is normal. No pericardial or pleural effusion. Imaged thyroid gland shows mild enlargement with a few nonspecific hypodense nodules, measuring up to 0.9 cm in the left lobe (4/11). In the limited sections of the upper abdomen, there is a subcentimetre hypodensity in hepatic segment 4a which is too small to accurately characterise. No adrenal mass. There is no destructive bony lesion. CONCLUSION 1. Vague ground-glass change in the periphery of the left lower lobe likely corresponds to the region of concern seen on prior chest radiograph. It probablyrepresents resolving infective/inflammatory change. 2. No suspicious pulmonary mass or consolidation. 3. Mildly enlarged thyroid gland with hypodense nodules. Suggest correlation clinically and with thyroid function tests, KIV ultrasound thyroid. 4. Other findings as described above. May need further action Reported by: <DOCTOR>

Accession Number: 0e8339784bbfb0b0b253e3f634affd336e9369efdaeccf232ddf1e910f49b1d6

Updated Date Time: 05/10/2018 9:10

## Layman Explanation

This radiology report discusses 2018 was reviewed. No suspicious pulmonary mass or consolidation. Ill-defined patch of ground glass change in the lateral basal segment of the left lower lobe (5/69), probably corresponding to the previous area of concern on the chest radiograph. This probably represents resolving infective changes. There is a nonspecific 0.3 cm nodule in the left lower lobe (5/73). Mild focal scarring in the lingula (5/57) and mild biapical pleural thickening. Patchy atelectasis in the rest of the lungs. Trachea and central airways are patent. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Mediastinal structures opacify normally. Heart size is normal. No pericardial or pleural effusion. Imaged thyroid gland shows mild enlargement with a few nonspecific hypodense nodules, measuring up to 0.9 cm in the left lobe (4/11). In the limited sections of the upper abdomen, there is a subcentimetre hypodensity in hepatic segment 4a which is too small to accurately characterise. No adrenal mass. There is no destructive bony lesion. CONCLUSION 1. Vague ground-glass change in the periphery of the left lower lobe likely corresponds to the region of concern seen on prior chest radiograph. It probablyrepresents resolving infective/inflammatory change. 2. No suspicious pulmonary mass or consolidation. 3. Mildly enlarged thyroid gland with hypodense nodules. Suggest correlation clinically and with thyroid function tests, KIV ultrasound thyroid. 4. Other findings as described above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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