# Row 5049

Visit Number: 1924ac98b51defeabd96c43e8840395be1cc63cccefb5efd02a26760bd351713

Masked\_PatientID: 5049

Order ID: 7d5995e3ced2b6e5884ef69d0944424e51725ab0c8e86a45d15a98459c6ff058

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/7/2016 9:35

Line Num: 1

Text: HISTORY CXR shows two new pulmonary nodules, measuring 2.4 x 2.4 cm in the right mid to lower lung zone and the irregular lesion in the left upper to mid lung zone measures 2.5 x 2.2 cm. ? neoplastic. ex heavy smoker TECHNIQUE Unenhanced CT thorax was procured and read in conjunction with the plain chest of 14/7/16. FINDINGS There are three spiculated pulmonary masses:- 1. Left upper lobe, anterior segment, 2.6 x 1.7 cm (series 3, image 41), containing a small focus of calcification; 2. Middle lobe, lateral segment, 2.5 x 2.2 cm (series 3, image 58), with two adjacent satellite nodules; 3. Right lower lobe lesion (the largest of the three), lateral basal segment 3.2 x 2.8 cm (series 3, image 74). There masses cause airway obliteration and tenting of the adjacent pleura, ominous features of bronchogenic carcinoma. There is basal consolidation in the lower lobes, in the dependent areas. Low-density bilateral pleural effusions are evident, along with fluid in the right oblique fissure. There is interlobular septal thickening in the basal lower lobes (? lymphangitic spread). The heart is enlarged. The coronary arteries are heavily calcified. There is no pericardial effusion. No significant mediastinal or hilar nodal enlargement is detected. A few diminutive renal stones are seen. The rest of the appended abdomen is unremarkable. No destructive bony lesion is detected. CONCLUSION There are three pulmonary masses (vide supra) in keeping with multiple (synchronous) bronchogenic carcinomas. Bibasal lung consolidation is also evident. Severe coronary atherosclerosis. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: d0e2751693347a5ba6dc6debec8ff3540010ba0e3e4b75a60c5a1c755e7f2208

Updated Date Time: 18/7/2016 11:14

## Layman Explanation

This radiology report discusses HISTORY CXR shows two new pulmonary nodules, measuring 2.4 x 2.4 cm in the right mid to lower lung zone and the irregular lesion in the left upper to mid lung zone measures 2.5 x 2.2 cm. ? neoplastic. ex heavy smoker TECHNIQUE Unenhanced CT thorax was procured and read in conjunction with the plain chest of 14/7/16. FINDINGS There are three spiculated pulmonary masses:- 1. Left upper lobe, anterior segment, 2.6 x 1.7 cm (series 3, image 41), containing a small focus of calcification; 2. Middle lobe, lateral segment, 2.5 x 2.2 cm (series 3, image 58), with two adjacent satellite nodules; 3. Right lower lobe lesion (the largest of the three), lateral basal segment 3.2 x 2.8 cm (series 3, image 74). There masses cause airway obliteration and tenting of the adjacent pleura, ominous features of bronchogenic carcinoma. There is basal consolidation in the lower lobes, in the dependent areas. Low-density bilateral pleural effusions are evident, along with fluid in the right oblique fissure. There is interlobular septal thickening in the basal lower lobes (? lymphangitic spread). The heart is enlarged. The coronary arteries are heavily calcified. There is no pericardial effusion. No significant mediastinal or hilar nodal enlargement is detected. A few diminutive renal stones are seen. The rest of the appended abdomen is unremarkable. No destructive bony lesion is detected. CONCLUSION There are three pulmonary masses (vide supra) in keeping with multiple (synchronous) bronchogenic carcinomas. Bibasal lung consolidation is also evident. Severe coronary atherosclerosis. 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.