# Row 5213

Visit Number: 9f6e88240cb19396d9bb1e72089f003604f82d65cf43df654dae3ae18d970cdc

Masked\_PatientID: 5210

Order ID: 90a2f3b3feb8b692c2780681c177d6782568739406257f1e9aa87efd3737980a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/7/2018 12:48

Line Num: 1

Text: HISTORY CTMA incidentally showed new 1.6 cm enhancing nodular lesion ? focal atelectasis vs mass - noted in the medial basal segment of the left lower lobe To evaluate the lung nodule. Pt also noted to have liver lesion ?HCC - beingconsidered for surgery ?lumg mets vs primary vs infection TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 45 FINDINGS Comparison made with the last CT scan of 10 Apr 2018. There is a large right-sided pleural effusion associated with compressive atelectasis of the right lower lobe, effusion is larger since the prior study. Fluid is seen tracking into the horizontal fissure. Previously notedconsolidative changes in the right upper lobe shows interval improvement. There is partial collapse of the right upper lobe with associated bronchiectasis. There are multiple foci of clustered nodularity in both lungs, some new from the prior study. Some of these adopt a tree-in-bud configuration, for example in the apical segment of the left upper lobe (401-22), posterior segment of the left upper lobe (401-37) and superior segment of the left lower lobe (405-26). In addition, afew of the previously noted nodular foci has resolved (e.g. nodular densities in the anterior segment of the right upper lobe prev im 401-40, 401-58). A 1.6 cm cyst is noted in the right upper lobe. Mild scarring is seen in the middle lobe andlingula. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Calcified left hilar nodes are again noted. The heart is normal in size. No pericardial effusion is seen. Limited sections of the upper abdomen again demonstrate a 3.5 x 2.9 cm mass in segment 3, previously characterised as being suspicious for HCC. Another 7 mm hypodensity is also noted in the hepatic dome. No destructive bony lesion is seen. CONCLUSION 1. Large right-sided pleural effusion with compressive atelectasis of the right lung. Partial collapse of the right lung upper lobe. 2. There are multiple foci of clustered nodularity in both lungs, some new from before, while a few others have resolved. Findings are more likely an infective aetiology. Follow-up after appropriate treatment is suggested. May need further action Reported by: <DOCTOR>

Accession Number: db495a76b26448afec349e9b6bdb4d2e34d5c0c1edf3b518837c0aa7688360c0

Updated Date Time: 06/7/2018 18:12

## Layman Explanation

This radiology report discusses HISTORY CTMA incidentally showed new 1.6 cm enhancing nodular lesion ? focal atelectasis vs mass - noted in the medial basal segment of the left lower lobe To evaluate the lung nodule. Pt also noted to have liver lesion ?HCC - beingconsidered for surgery ?lumg mets vs primary vs infection TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 45 FINDINGS Comparison made with the last CT scan of 10 Apr 2018. There is a large right-sided pleural effusion associated with compressive atelectasis of the right lower lobe, effusion is larger since the prior study. Fluid is seen tracking into the horizontal fissure. Previously notedconsolidative changes in the right upper lobe shows interval improvement. There is partial collapse of the right upper lobe with associated bronchiectasis. There are multiple foci of clustered nodularity in both lungs, some new from the prior study. Some of these adopt a tree-in-bud configuration, for example in the apical segment of the left upper lobe (401-22), posterior segment of the left upper lobe (401-37) and superior segment of the left lower lobe (405-26). In addition, afew of the previously noted nodular foci has resolved (e.g. nodular densities in the anterior segment of the right upper lobe prev im 401-40, 401-58). A 1.6 cm cyst is noted in the right upper lobe. Mild scarring is seen in the middle lobe andlingula. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Calcified left hilar nodes are again noted. The heart is normal in size. No pericardial effusion is seen. Limited sections of the upper abdomen again demonstrate a 3.5 x 2.9 cm mass in segment 3, previously characterised as being suspicious for HCC. Another 7 mm hypodensity is also noted in the hepatic dome. No destructive bony lesion is seen. CONCLUSION 1. Large right-sided pleural effusion with compressive atelectasis of the right lung. Partial collapse of the right lung upper lobe. 2. There are multiple foci of clustered nodularity in both lungs, some new from before, while a few others have resolved. Findings are more likely an infective aetiology. Follow-up after appropriate treatment is suggested. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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