# Row 5318

Visit Number: 40495b5932ec0a63cbbc9dc57490192a459227a5c5f79cd36d327857a7ae49db

Masked\_PatientID: 5313

Order ID: 49836b7decca1aa59a2915fd0213e62d5e9fb2b50c96a4158f105a9ddeb93e92

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/6/2018 9:43

Line Num: 1

Text: HISTORY Staging scan ESRD post-transplant X2, rejection X2, now on HD Planning for 3rd transplant, but patient noted to have bilateral ?RCC If staging scan positive, not a candidate for transplant TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. The prior CT urogram study dated 4 June 2018 and chest radiograph dated 1 June 2018 were reviewed. A few tiny nodules are seen in the right lung:- - Right upper lobe 3 mm (401-26) - Right upper lobe 2 mm (401-28) - Right upper lobe 3 mm (401-30) - Middle lobe 4 mm (401-59) A focal area of pleural thickening in the right lower lobe (401-80). No suspicious left pulmonary nodule is detected. Minimal paraseptal emphysema and a few subpleural blebs are seen in the upper lobes. No pleural effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. Immediately inferior to the left main bronchus (402/54) a cystic structure is likely part of the pericardial recess. Atherosclerotic disease of the thoracic aorta is noted. Multiple hypodense lesions in the partially visualised liver, the larger ones are compatible with cysts. Subcentimeter hypodensities are too small to characterise but may also represent cysts. The 10 mm hypodense nodule in the lateral limb of the left adrenal gland was previously deemed possibly an adenoma. The visualised left kidney is small with multiple hypodense lesions better characterised on the recent CT urogram. No destructive bony process is seen. CONCLUSION A few tiny lung nodules in the right upper and middle lobes are non-specific in appearance. No significant lymphadenopathy. May need further action Reported by: <DOCTOR>

Accession Number: 3d02630ce5d1ba62cb3adfa597469805d4a5a27f816209bdcbc277a46ddb2568

Updated Date Time: 07/6/2018 12:56

## Layman Explanation

This radiology report discusses HISTORY Staging scan ESRD post-transplant X2, rejection X2, now on HD Planning for 3rd transplant, but patient noted to have bilateral ?RCC If staging scan positive, not a candidate for transplant TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. The prior CT urogram study dated 4 June 2018 and chest radiograph dated 1 June 2018 were reviewed. A few tiny nodules are seen in the right lung:- - Right upper lobe 3 mm (401-26) - Right upper lobe 2 mm (401-28) - Right upper lobe 3 mm (401-30) - Middle lobe 4 mm (401-59) A focal area of pleural thickening in the right lower lobe (401-80). No suspicious left pulmonary nodule is detected. Minimal paraseptal emphysema and a few subpleural blebs are seen in the upper lobes. No pleural effusion is present. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. Immediately inferior to the left main bronchus (402/54) a cystic structure is likely part of the pericardial recess. Atherosclerotic disease of the thoracic aorta is noted. Multiple hypodense lesions in the partially visualised liver, the larger ones are compatible with cysts. Subcentimeter hypodensities are too small to characterise but may also represent cysts. The 10 mm hypodense nodule in the lateral limb of the left adrenal gland was previously deemed possibly an adenoma. The visualised left kidney is small with multiple hypodense lesions better characterised on the recent CT urogram. No destructive bony process is seen. CONCLUSION A few tiny lung nodules in the right upper and middle lobes are non-specific in appearance. No significant lymphadenopathy. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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