# Row 5685

Visit Number: 1803db0635860b6f8ba68db6f93dd984f163a7bca575d62694845a516948d3ee

Masked\_PatientID: 5683

Order ID: 4c5ee937de78a9ea5946de3a56d8c36ec04c64179544f2208ca21dc6f61eaf5c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/7/2017 12:27

Line Num: 1

Text: HISTORY Prev bilat upper lobe pneumonitis. Hx of breast cancer, recently completed paclitaxel. ?radiation pneumonitis vs infective. Rx with 2 weeks antibiotics, cough and SOB resolved. ? resolution of pneumonitis TECHNIQUE Scansacquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT chest dated 07/06/2017 Previous right mastectomy noted with residual subcutaneous thickening noted,stable compared tobefore. No new enhancing nodules seen at the site of previous mastectomy to suggest local recurrence. Scarring is noted in the axillary region in keeping with previous axillary node dissection. The left breast appears grossly unremarkable otherwise. No enlarged mediastinal, hilar, left axillary or supraclavicular lymph nodes demonstrated. The 6 mm nodule indenting the posterior wall of the left main/lower lobe bronchus remains indeterminate but stable in size. There is new 4mm density in a posterior segmental branch of the right upper lobe bronchus (5-37) and a 3mm density in the lateral segmental branch of the right middle lobe bronchus (5-51), these are non-specific for mucus vs new nodule, the former is thought more likely. Ground-glass and reticular changes are again noted in both upper lobes, the appearances have slightly improved compared to before (5-28 vs previous 4-57) though there are more reticular and interstitial changes in theright lung base with mild traction bronchiectasis suggestive of fibrosis. A focus of scarring is also noted in the anterior aspect of the left upper lobe (05-31), similar compared to before. A non-specific 5mm nodule in the right upper lobe is stable since the CT on 29/11/2016 (5-32). No pleural effusions. A sliver of fluid is noted in the pericardial recess. The hypodense area in the left ventricular apex is again noted, probably related to previous infarct. Stable subcentimetrehypodensities are noted in the left lobe of the liver are probably cysts. Small air-filled outpouching at the gastro-oesophageal junction may represent a small diverticulum (04-75). The rest of the visualised upper abdominal organs appear unremarkable. No destructive bony lesions demonstrated. CONCLUSION 1. Status post right mastectomy with no evidence of local recurrence. 2. Ground-glass and reticular changes are again noted in both upper lobes, the appearances have slightly improved compared to before though there are more reticular and interstitial changes in the right lung base suggestive of fibrosis. 3. Stable indeterminate 6 mm nodule indenting posterior wall of left lower lobe bronchus. There are two smaller new densities in the segmental bronchi as described above, these are non-specific for mucus vs new nodule, the former is thought more likely. 4. Stable non-specific 5mm nodule in the right upper lobe since the CT on 29/11/2016. 5. Other minor findings are as above. May need further action Reported by: <DOCTOR>

Accession Number: 1d2b0c12cb8689a81959389a34d98245e634f10b7410a8eee868dd39787d90d6

Updated Date Time: 12/7/2017 9:22

## Layman Explanation

This radiology report discusses HISTORY Prev bilat upper lobe pneumonitis. Hx of breast cancer, recently completed paclitaxel. ?radiation pneumonitis vs infective. Rx with 2 weeks antibiotics, cough and SOB resolved. ? resolution of pneumonitis TECHNIQUE Scansacquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT chest dated 07/06/2017 Previous right mastectomy noted with residual subcutaneous thickening noted,stable compared tobefore. No new enhancing nodules seen at the site of previous mastectomy to suggest local recurrence. Scarring is noted in the axillary region in keeping with previous axillary node dissection. The left breast appears grossly unremarkable otherwise. No enlarged mediastinal, hilar, left axillary or supraclavicular lymph nodes demonstrated. The 6 mm nodule indenting the posterior wall of the left main/lower lobe bronchus remains indeterminate but stable in size. There is new 4mm density in a posterior segmental branch of the right upper lobe bronchus (5-37) and a 3mm density in the lateral segmental branch of the right middle lobe bronchus (5-51), these are non-specific for mucus vs new nodule, the former is thought more likely. Ground-glass and reticular changes are again noted in both upper lobes, the appearances have slightly improved compared to before (5-28 vs previous 4-57) though there are more reticular and interstitial changes in theright lung base with mild traction bronchiectasis suggestive of fibrosis. A focus of scarring is also noted in the anterior aspect of the left upper lobe (05-31), similar compared to before. A non-specific 5mm nodule in the right upper lobe is stable since the CT on 29/11/2016 (5-32). No pleural effusions. A sliver of fluid is noted in the pericardial recess. The hypodense area in the left ventricular apex is again noted, probably related to previous infarct. Stable subcentimetrehypodensities are noted in the left lobe of the liver are probably cysts. Small air-filled outpouching at the gastro-oesophageal junction may represent a small diverticulum (04-75). The rest of the visualised upper abdominal organs appear unremarkable. No destructive bony lesions demonstrated. CONCLUSION 1. Status post right mastectomy with no evidence of local recurrence. 2. Ground-glass and reticular changes are again noted in both upper lobes, the appearances have slightly improved compared to before though there are more reticular and interstitial changes in the right lung base suggestive of fibrosis. 3. Stable indeterminate 6 mm nodule indenting posterior wall of left lower lobe bronchus. There are two smaller new densities in the segmental bronchi as described above, these are non-specific for mucus vs new nodule, the former is thought more likely. 4. Stable non-specific 5mm nodule in the right upper lobe since the CT on 29/11/2016. 5. Other minor findings are as above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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