# Row 5686

Visit Number: 1803db0635860b6f8ba68db6f93dd984f163a7bca575d62694845a516948d3ee

Masked\_PatientID: 5683

Order ID: 8fc9434146edc403dcbc85b9712a767f59b8465975835736fe5a1bd12d92f02e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/10/2018 15:06

Line Num: 1

Text: HISTORY To monitor 6mm LLL nodule TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the previous CT Chest dated 08/07/2017. The patient is status post right mastectomy. Scarring is noted in the right axilla in keeping with prior axillary lymph node dissection. No evidence of local tumour recurrence. No large mass noted in the left breast. No significantly enlarged mediastinal, axillary or supraclavicularlymph node is detected. The 6 mm nodule indenting the posterior wall of the left lower lobe bronchus appears stable in size (Se 3-50). The previously noted densities in the posterior segmental branch of the right upper lobe bronchus and lateralsegmental branch of the right middle lobe bronchus are no longer seen, indicating that they were likely due to mucus. There is significant improvement in the ground glass opacities and reticular interstitial pattern seen in both lungs on theprevious CT. Mild scarring is noted in the posterior aspects of both lower lobes. A stable 5 mm nodule is noted in the apical segment of right upper lobe (Se 3-36). A stable 5 x 1 mm linear nodule is seen in the anterior segment of right upper lobe (Se 3-44). These are non-specific. No consolidation or pleural effusion is present. The heart is normal in size. Subendocardial hypodensity at the left ventricular apex is again noted, likely related to prior infarct. A small amount of pericardial fluid is noted. Stable 9 mm cyst is seen in segment II of the liver (Se 2-80). The rest of the visualised unenhanced upper abdomen is unremarkable. No destructive bony process is seen. CONCLUSION 1. Status post right mastectomy with no evidence of local tumour recurrence. 2. Stable 6 mm nodule indenting the posterior wall of the left lower lobe bronchus, indeterminate in nature. 3. Stable non-specific nodules in the right upper lobe. Known / Minor Reported by: <DOCTOR>

Accession Number: 6f6ee0aaa5d4f948692ff9c0bb1dca42956af9584dde2170d8703273b1f4055a

Updated Date Time: 30/10/2018 14:11

## Layman Explanation

This radiology report discusses HISTORY To monitor 6mm LLL nodule TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the previous CT Chest dated 08/07/2017. The patient is status post right mastectomy. Scarring is noted in the right axilla in keeping with prior axillary lymph node dissection. No evidence of local tumour recurrence. No large mass noted in the left breast. No significantly enlarged mediastinal, axillary or supraclavicularlymph node is detected. The 6 mm nodule indenting the posterior wall of the left lower lobe bronchus appears stable in size (Se 3-50). The previously noted densities in the posterior segmental branch of the right upper lobe bronchus and lateralsegmental branch of the right middle lobe bronchus are no longer seen, indicating that they were likely due to mucus. There is significant improvement in the ground glass opacities and reticular interstitial pattern seen in both lungs on theprevious CT. Mild scarring is noted in the posterior aspects of both lower lobes. A stable 5 mm nodule is noted in the apical segment of right upper lobe (Se 3-36). A stable 5 x 1 mm linear nodule is seen in the anterior segment of right upper lobe (Se 3-44). These are non-specific. No consolidation or pleural effusion is present. The heart is normal in size. Subendocardial hypodensity at the left ventricular apex is again noted, likely related to prior infarct. A small amount of pericardial fluid is noted. Stable 9 mm cyst is seen in segment II of the liver (Se 2-80). The rest of the visualised unenhanced upper abdomen is unremarkable. No destructive bony process is seen. CONCLUSION 1. Status post right mastectomy with no evidence of local tumour recurrence. 2. Stable 6 mm nodule indenting the posterior wall of the left lower lobe bronchus, indeterminate in nature. 3. Stable non-specific nodules in the right upper lobe. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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