# Row 5799

Visit Number: 2209ed7e0986b36b949e6894cfcd89ed56970eea3fea7eb6d0b8147ce678abe3

Masked\_PatientID: 5794

Order ID: abc8649a5bfa3bbd6115fecbed4cc9a92cc6d4ec86e7a029738cbf3b1d7a23bd

Order Name: CT Chest

Result Item Code: CTCHE

Performed Date Time: 25/5/2016 18:07

Line Num: 1

Text: HISTORY chronic cough - ? non-resolving pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous comparable CT study on PACS or NNJA. The previous chest radiographs in February and May 2016 were reviewed. Multiple solid pulmonary nodules are noted. No internal calcification is seen within these nodules. Some example include: ¿ Apical segment of the right upper lobe, measuring 3 mm(image 5/25) ¿ Anterior segment of the right upper lobe, measuring 4 mm (image 5/47) ¿ Lateral segment of the middle lobe, measuring 5 mm (image 5/64) ¿ Lateral basal segment of the right lower lobe, measuring 3 and 5 mm (images 5/70 and 75) ¿Anterior segment of the left upper lobe, measuring 3 mm (image 5/45) ¿ Inferior lingula segment of the left upper lobe, measuring 3 mm (image 5/74) ¿ Lateral basal segment of the left lower lobe, measuring 6 mm (image 5/78) The trachea and major bronchi are largely patent. There is minimal bronchial wall thickening, but no mucous plugging. No bronchiectasis, pleural effusion or consolidation is seen. The heart is not enlarged. There is no pericardial effusion. Calcification of the left anterior descending coronary artery is noted. Small volume mediastinal lymph nodes are noted, possibly reactive in nature. The visualised upper abdomen is grossly unremarkable. There is no destructive bony lesion. CONCLUSION Multiple bilateral solid subcentimetre pulmonary nodules of varying sizes are indeterminate, but raise suspicion for haematogenous spread of disease (i.e. pulmonary metastases). If clinically appropriate, a distant primary malignant lesion should besought for. May need further action Reported by: <DOCTOR>

Accession Number: a6e2db6c019dccac36da282bda6820000ea01995bf1f05a9657e8a4808eaa84c

Updated Date Time: 30/5/2016 9:24

## Layman Explanation

This radiology report discusses HISTORY chronic cough - ? non-resolving pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous comparable CT study on PACS or NNJA. The previous chest radiographs in February and May 2016 were reviewed. Multiple solid pulmonary nodules are noted. No internal calcification is seen within these nodules. Some example include: ¿ Apical segment of the right upper lobe, measuring 3 mm(image 5/25) ¿ Anterior segment of the right upper lobe, measuring 4 mm (image 5/47) ¿ Lateral segment of the middle lobe, measuring 5 mm (image 5/64) ¿ Lateral basal segment of the right lower lobe, measuring 3 and 5 mm (images 5/70 and 75) ¿Anterior segment of the left upper lobe, measuring 3 mm (image 5/45) ¿ Inferior lingula segment of the left upper lobe, measuring 3 mm (image 5/74) ¿ Lateral basal segment of the left lower lobe, measuring 6 mm (image 5/78) The trachea and major bronchi are largely patent. There is minimal bronchial wall thickening, but no mucous plugging. No bronchiectasis, pleural effusion or consolidation is seen. The heart is not enlarged. There is no pericardial effusion. Calcification of the left anterior descending coronary artery is noted. Small volume mediastinal lymph nodes are noted, possibly reactive in nature. The visualised upper abdomen is grossly unremarkable. There is no destructive bony lesion. CONCLUSION Multiple bilateral solid subcentimetre pulmonary nodules of varying sizes are indeterminate, but raise suspicion for haematogenous spread of disease (i.e. pulmonary metastases). If clinically appropriate, a distant primary malignant lesion should besought for. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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