# Row 5889

Visit Number: ce82df27878a7907a64d27ede423f3924d620e6cc752935e00441f4ca3ee1171

Masked\_PatientID: 5886

Order ID: a2a40bf1b437883feaf18ace9459f8554b3ca4c4bec9e84ed907b668ac245d40

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/8/2019 13:58

Line Num: 1

Text: HISTORY Dysphagia OGD extrinsic indentation at 35 cm prob from vascular structure TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS A tiny subpleural calcified granuloma is seen in the apical right lower lobe(6-52). Another tiny calcified granuloma in the middle lobe (6-50). 3-4 mm subpleural nodular opacity in the apical posterior lower lobe is nonspecific for nodule versus focal scarring (6-26, 11-19). There isno suspicious nodule or consolidation in the lungs. Patchy scarring and atelectasis is seen in the lung bases. The central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is borderline enlarged. There is no pericardial or pleural effusion. There is diffuse moderate mixed atherosclerotic disease seen in the aortic arch and descending thoracic aorta. The aortic arch shows normal branching pattern. No significant abnormality is seen in the included upper abdomen. There is no destructive bony lesion. CONCLUSION No suspicious mass or adenopathy is detected. No vascular anomaly involving the large mediastinal vessels. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: d5494b1f115939caa83410c7e1fdf5059afdfaea03c39da770363725fad6cb9c

Updated Date Time: 26/8/2019 14:03

## Layman Explanation

This radiology report discusses HISTORY Dysphagia OGD extrinsic indentation at 35 cm prob from vascular structure TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS A tiny subpleural calcified granuloma is seen in the apical right lower lobe(6-52). Another tiny calcified granuloma in the middle lobe (6-50). 3-4 mm subpleural nodular opacity in the apical posterior lower lobe is nonspecific for nodule versus focal scarring (6-26, 11-19). There isno suspicious nodule or consolidation in the lungs. Patchy scarring and atelectasis is seen in the lung bases. The central airways are patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is borderline enlarged. There is no pericardial or pleural effusion. There is diffuse moderate mixed atherosclerotic disease seen in the aortic arch and descending thoracic aorta. The aortic arch shows normal branching pattern. No significant abnormality is seen in the included upper abdomen. There is no destructive bony lesion. CONCLUSION No suspicious mass or adenopathy is detected. No vascular anomaly involving the large mediastinal vessels. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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