# Row 5977

Visit Number: 02cac48b6ab1b5591d323d2d1bd66b22fac0b149e06ffce444828c43008fd12e

Masked\_PatientID: 5971

Order ID: 7c263fad1dfdf4b3b5305e21ff8c289b8c2c13753282a9fbeef54a28768284a6

Order Name: CT Thorax (Low Dose)

Result Item Code: CTCHELD

Performed Date Time: 08/12/2020 9:19

Line Num: 1

Text: HISTORY to follow up multiple centrilobular lung nodules after empiric Abx breathlessness, h/o childhood asthma has AF on PPM TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:- FINDINGS Comparison CT chest, abdomen and pelvis of 11 September 2020. Multiple tiny centrilobular nodules are again seen in both lungs, more so in the right. Accounting for technical differences, these are grossly stable e.g. right lower lobe 0.6cm ground-glass nodule (Se 3/70 v.s. Prev 13/71). Central airways are patent. No pleural effusion. No significantly enlarged thoracic node. Thyroid oesophagus are grossly unremarkable. Dual lead pacemaker with tips in the right ventricle and right atrial appendage. No pericardial effusion. Mild coronary artery calcification. Heart is enlarged. Limited sections of the upper abdomen are grossly unremarkable. No destructive bone lesion. CONCLUSION Multiple tiny centrilobular nodules are again seen in both lungs, more so in the right. Accounting for technical differences, these are grossly stable. These are probably inflammatory. No suspicious nodule to suggest malignancy. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 05f6a9ff43129fc354fb83468e342a3cf4145b10c74a403e7427c8673cb4ae7a

Updated Date Time: 22/12/2020 9:05

## Layman Explanation

This radiology report discusses HISTORY to follow up multiple centrilobular lung nodules after empiric Abx breathlessness, h/o childhood asthma has AF on PPM TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:- FINDINGS Comparison CT chest, abdomen and pelvis of 11 September 2020. Multiple tiny centrilobular nodules are again seen in both lungs, more so in the right. Accounting for technical differences, these are grossly stable e.g. right lower lobe 0.6cm ground-glass nodule (Se 3/70 v.s. Prev 13/71). Central airways are patent. No pleural effusion. No significantly enlarged thoracic node. Thyroid oesophagus are grossly unremarkable. Dual lead pacemaker with tips in the right ventricle and right atrial appendage. No pericardial effusion. Mild coronary artery calcification. Heart is enlarged. Limited sections of the upper abdomen are grossly unremarkable. No destructive bone lesion. CONCLUSION Multiple tiny centrilobular nodules are again seen in both lungs, more so in the right. Accounting for technical differences, these are grossly stable. These are probably inflammatory. No suspicious nodule to suggest malignancy. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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