# Row 6252

Visit Number: 8902dba1b7ab32cef1c5a450121fa5dff5b5ea36537e3edfa77adfff51ce04d2

Masked\_PatientID: 6236

Order ID: 15e63476dee65dacd95cdb6337c9863210faee112effe2dd80f5ee14bfcfa828

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/9/2020 13:53

Line Num: 1

Text: HISTORY Left upper lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Prior CT thorax dated 21 January 2020 was reviewed. Status-post left mastectomy for left breast DCIS in October 2012. No local tumour recurrence is seen in the left chest wall. The right breast appears unremarkable. There is no enlarged supraclavicular, mediastinal, hilar, axillary or internal mammary lymph node. Status-post left VATS upper lobectomy for left upper lobe adenocarcinoma in July 2018. Left mediastinal surgical clips are again noted. No mass is seen in the surgical bed. There is stable scarring in the left lower lobe superior segment (03-25). No suspicious pulmonary nodule or consolidation is seen. No pleural effusion is seen. The central airways are patent. The heart size is normal. Small amount of pericardial fluid. The thyroid gland is not enlarged. The visualised unenhanced upper abdomen is unremarkable. Known thoracolumbar kyphoscoliosis is noted. No destructive bony lesion is identified. CONCLUSION Status-post left mastectomy for DCIS in 2012. No CT evidence of tumour recurrence in the left chest wall. Status-post left VATS upper lobectomy for adenocarcinoma in 2018. No CT evidence of tumour recurrence in the surgical bed. No suspicious pulmonary nodule or enlarged intrathoracic lymph node is seen. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 6c8808975a757eb215edff42dacfe31bfd74cc58666a723f6a35609feafa17f0

Updated Date Time: 01/9/2020 17:45

## Layman Explanation

This radiology report discusses HISTORY Left upper lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Prior CT thorax dated 21 January 2020 was reviewed. Status-post left mastectomy for left breast DCIS in October 2012. No local tumour recurrence is seen in the left chest wall. The right breast appears unremarkable. There is no enlarged supraclavicular, mediastinal, hilar, axillary or internal mammary lymph node. Status-post left VATS upper lobectomy for left upper lobe adenocarcinoma in July 2018. Left mediastinal surgical clips are again noted. No mass is seen in the surgical bed. There is stable scarring in the left lower lobe superior segment (03-25). No suspicious pulmonary nodule or consolidation is seen. No pleural effusion is seen. The central airways are patent. The heart size is normal. Small amount of pericardial fluid. The thyroid gland is not enlarged. The visualised unenhanced upper abdomen is unremarkable. Known thoracolumbar kyphoscoliosis is noted. No destructive bony lesion is identified. CONCLUSION Status-post left mastectomy for DCIS in 2012. No CT evidence of tumour recurrence in the left chest wall. Status-post left VATS upper lobectomy for adenocarcinoma in 2018. No CT evidence of tumour recurrence in the surgical bed. No suspicious pulmonary nodule or enlarged intrathoracic lymph node is seen. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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