# Row 6244

Visit Number: cfbf45ebea2878e52491e880b1e88dff83d43dc1b90c213de51f8cdceec2f253

Masked\_PatientID: 6236

Order ID: 770a1071c4bab79ec83743ea0e725e55887b015c35b15559d189a20ccb1bdb36

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/5/2018 19:08

Line Num: 1

Text: HISTORY LUZ infiltrates for evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous CT for comparison. Prior chest radiographs were reviewed. There is volume loss in the left upper lobe, now with an irregular area of consolidation with associated pleural retraction. Within this consolidation there are seen prominent air bronchograms which could represent traction bronchiectasis. However, there is also mass-like area without traversing airways seen. Review of prior chest radiographs shows an ill-defined opacity in the left upper zone that has been increasing in prominence since June 2012. Underlying malignancy needs to be excluded. Subsegmental atelectasis is noted in the middle lobe and the anterior right lower lobe. The central airways are grossly patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The patient is status post left mastectomy. No gross mass seen in the surgical bed suggest recurrence. Heart is normal sized. There is no pericardial or pleural effusion. Cardiac chambers and mediastinal vessels opacify in an expected fashion. There is a 6x 4 mm rounded hypodensity in the body of the pancreas which is nonspecific (4-78). It could represent a cyst or cystic neoplasm. Marked thoracolumbar levoscoliosis with associated degenerative changes. There is no overt bony destruction. CONCLUSION There is an irregular area of consolidation in the left upper lobe with evidence of volume loss and mild traction bronchiectasis but which also has a mass-like component. This corresponds to an ill-defined opacity in the left upper zone seen on previous chest radiographs since 2012 which has been slowly becoming more prominent. The findings are worrisome for slow growing primary lung malignancy with possible background fibrosis, especially given lack of significant chronic infective/inflammatory changes in the rest of the lung. This requires further work up to exclude malignancy. No definite intrathoracic adenopathy or evidence of metastatic disease. Further action or early intervention requiredFinalised by: <DOCTOR>

Accession Number: 850aed514c02155332b301b27306eded643bb617dffd55bc18e19e892387280b

Updated Date Time: 11/5/2018 9:44

## Layman Explanation

This radiology report discusses HISTORY LUZ infiltrates for evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous CT for comparison. Prior chest radiographs were reviewed. There is volume loss in the left upper lobe, now with an irregular area of consolidation with associated pleural retraction. Within this consolidation there are seen prominent air bronchograms which could represent traction bronchiectasis. However, there is also mass-like area without traversing airways seen. Review of prior chest radiographs shows an ill-defined opacity in the left upper zone that has been increasing in prominence since June 2012. Underlying malignancy needs to be excluded. Subsegmental atelectasis is noted in the middle lobe and the anterior right lower lobe. The central airways are grossly patent. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The patient is status post left mastectomy. No gross mass seen in the surgical bed suggest recurrence. Heart is normal sized. There is no pericardial or pleural effusion. Cardiac chambers and mediastinal vessels opacify in an expected fashion. There is a 6x 4 mm rounded hypodensity in the body of the pancreas which is nonspecific (4-78). It could represent a cyst or cystic neoplasm. Marked thoracolumbar levoscoliosis with associated degenerative changes. There is no overt bony destruction. CONCLUSION There is an irregular area of consolidation in the left upper lobe with evidence of volume loss and mild traction bronchiectasis but which also has a mass-like component. This corresponds to an ill-defined opacity in the left upper zone seen on previous chest radiographs since 2012 which has been slowly becoming more prominent. The findings are worrisome for slow growing primary lung malignancy with possible background fibrosis, especially given lack of significant chronic infective/inflammatory changes in the rest of the lung. This requires further work up to exclude malignancy. No definite intrathoracic adenopathy or evidence of metastatic disease. Further action or early intervention requiredFinalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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