# Row 6250

Visit Number: 303ab4799123f542cb0145c80ec2daea4b8c5fcc8f6eec39ee5dc5c3e4d7620d

Masked\_PatientID: 6236

Order ID: a87fcdd5677bbce3ad88a7c217c49864b9aacc1b985e18c990b11ab3a6683b41

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/7/2019 9:20

Line Num: 1

Text: HISTORY Left lower lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT thorax study dated 10/5/18 was reviewed. Surgical sutures and scarring in the superior segment of the left lower lobe is in keeping with prior left upper lobectomy for lung adenocarcinoma. No suspicious pulmonary mass, consolidation or pleural effusion is seen. Minor atelectasis in right lower lobe. No significantly enlarged mediastinal, axillary or hilar lymph node is seen. The mediastinal vasculature opacifies normally. The heart size is normal. No pericardial effusion is seen. The patient is status post left mastectomy for previous DCIS. No suspicious large soft tissue mass is seen at the surgical bed to suggest local recurrence. Appended images of the upper abdomen show stable hypodensity in pancreatic tail (5-74), possibly small cystic lesion. Levoscoliosis and kyphosis, on a background of degenerative changes, are noted in the visualized thoracolumbar spine. No aggressive bony lesion is detected. CONCLUSION The patient is status post left mastectomy for DCIS and left upper lobectomy for pulmonaryadenocarcinoma. No evidence of local recurrence or distant metastases in chest is seen. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 4b7c4ca1096f69212cd27143c1c4745010caf98113feb7bc5bdee571819a94ea

Updated Date Time: 15/7/2019 12:19

## Layman Explanation

This radiology report discusses HISTORY Left lower lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT thorax study dated 10/5/18 was reviewed. Surgical sutures and scarring in the superior segment of the left lower lobe is in keeping with prior left upper lobectomy for lung adenocarcinoma. No suspicious pulmonary mass, consolidation or pleural effusion is seen. Minor atelectasis in right lower lobe. No significantly enlarged mediastinal, axillary or hilar lymph node is seen. The mediastinal vasculature opacifies normally. The heart size is normal. No pericardial effusion is seen. The patient is status post left mastectomy for previous DCIS. No suspicious large soft tissue mass is seen at the surgical bed to suggest local recurrence. Appended images of the upper abdomen show stable hypodensity in pancreatic tail (5-74), possibly small cystic lesion. Levoscoliosis and kyphosis, on a background of degenerative changes, are noted in the visualized thoracolumbar spine. No aggressive bony lesion is detected. CONCLUSION The patient is status post left mastectomy for DCIS and left upper lobectomy for pulmonaryadenocarcinoma. No evidence of local recurrence or distant metastases in chest 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.