# Row 6251

Visit Number: d58dc8fe1f52cd0a69f0ef57e9bf40a212ef341a3b5785d77786a0a6357ddad4

Masked\_PatientID: 6236

Order ID: 766e97bfaf1401c0dbdba33963a4fa2fab7daae560c356f5dfe6cafbba1a43d3

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/1/2020 8:57

Line Num: 1

Text: HISTORY Left upper lobectomy and mastectomy done for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 15 July 2019 Status post left mastectomy for DCIS (2012). No gross mass is seen at the surgical bed to suggest local recurrence. Surgical clip noted in the left axillary region. No enlarged axillary, supraclavicular or internal mammary lymph node is seen. Status post left upper lobectomy for adenocarcinoma. No gross mass seen at the resection margin to suggest local recurrence stable scarring in the apical left lower lobe. No suspicious nodule or consolidation is seen in the remaininglungs. Minor atelectasis is present in both lung bases. Central airways are grossly patent. There is no enlarged mediastinal, or hilar lymph node. Heart is not enlarged. There is no significant pericardial or pleural effusion. No suspiciousabnormality seen in the included upper abdomen. There is no destructive bony lesions. Grossly stable marked thoracolumbar kyphoscoliosis. CONCLUSION Patient is status post left mastectomy and left upper lobectomy. There is no definite evidence of local recurrence or metastatic disease. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: d2651a715a451e36b92e357c194473b90392d169f5897042f823a82eb11b1822

Updated Date Time: 21/1/2020 14:44

## Layman Explanation

This radiology report discusses HISTORY Left upper lobectomy and mastectomy done for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 15 July 2019 Status post left mastectomy for DCIS (2012). No gross mass is seen at the surgical bed to suggest local recurrence. Surgical clip noted in the left axillary region. No enlarged axillary, supraclavicular or internal mammary lymph node is seen. Status post left upper lobectomy for adenocarcinoma. No gross mass seen at the resection margin to suggest local recurrence stable scarring in the apical left lower lobe. No suspicious nodule or consolidation is seen in the remaininglungs. Minor atelectasis is present in both lung bases. Central airways are grossly patent. There is no enlarged mediastinal, or hilar lymph node. Heart is not enlarged. There is no significant pericardial or pleural effusion. No suspiciousabnormality seen in the included upper abdomen. There is no destructive bony lesions. Grossly stable marked thoracolumbar kyphoscoliosis. CONCLUSION Patient is status post left mastectomy and left upper lobectomy. There is no definite evidence of local recurrence or metastatic disease. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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