# Row 6295

Visit Number: 4ab167856846f827566b604ecfb104e598e71c0aa2097420d2974aa6dcf282de

Masked\_PatientID: 6295

Order ID: a0655bea12bb25aaef17f563e706b573acb888b4e6a7dff7c5257d3b34ca2a36

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 27/8/2017 8:52

Line Num: 1

Text: HISTORY Exertional worsening SOB with bilateral fine creps Chronic smoker and b/g psoriatic arthritis (prev on MTX but defaulted) TECHNIQUE High-resolution CT thorax acquisition on supine and prone positions. FINDINGS No prior CT examination for comparison. There are some motion artefacts degrading image quality. There is mild bronchiolar dilatation in the posterior basal segment of the right lower lobe. Atelectatic changes are also present bilaterally in thelower lobes as well as in the lingula. No ground-glass opacification, interstitial thickening or honeycombing detected. No suspicious pulmonary nodule or consolidation is evident. Mild scarring is noted in the right upper lobe posterior segment. A tiny 3 mm dense nodule in the left lower lobe (image 202-58) is likely to represent calcified granuloma. The trachea and major bronchi are clear. No enlarged hilar or mediastinal lymph node is seen. There are few prominent lymph nodes in the axillae measuring up to 9 mm in short axis, nonspecific. The heart size is within normal limits. There are calcifications in the coronary arteries due to atherosclerosis. No pleural or pericardial abnormality seen. The imaged upper abdomen reveals gallstones and marked fatty replacement of the pancreas. There are degenerative changes at multiple levels in the thoracic spine. The bones appear mildly osteopenic. There is a large fat containing mass in the right posterior chest wall to the right side of the midline. It lies superficial to the right trapezius muscle indenting it. The superior extent of this lesion is not fully included in the visualised field, and it approximately measures 11 x 8.6 x 3.5 cm (CC xTS x AP). Multiple thin linear striations are noted within the lesion. CONCLUSION No evidence of interstitial lung disease. Mild bronchiectasis in the posterior basal segment of the right lower lobe. Bilateral atelectatic changes. Lipomatous mass lesion in the right posterior chest wall with thin linear striations. Further characterisation with MRI is suggested as low grade malignancy cannot be excluded. May need further action Finalised by: <DOCTOR>

Accession Number: 0c218ff0edcdbabb6b4509f6631bd100c1b29be6e2ae8c3f2782f691a0563254

Updated Date Time: 27/8/2017 10:09

## Layman Explanation

This radiology report discusses HISTORY Exertional worsening SOB with bilateral fine creps Chronic smoker and b/g psoriatic arthritis (prev on MTX but defaulted) TECHNIQUE High-resolution CT thorax acquisition on supine and prone positions. FINDINGS No prior CT examination for comparison. There are some motion artefacts degrading image quality. There is mild bronchiolar dilatation in the posterior basal segment of the right lower lobe. Atelectatic changes are also present bilaterally in thelower lobes as well as in the lingula. No ground-glass opacification, interstitial thickening or honeycombing detected. No suspicious pulmonary nodule or consolidation is evident. Mild scarring is noted in the right upper lobe posterior segment. A tiny 3 mm dense nodule in the left lower lobe (image 202-58) is likely to represent calcified granuloma. The trachea and major bronchi are clear. No enlarged hilar or mediastinal lymph node is seen. There are few prominent lymph nodes in the axillae measuring up to 9 mm in short axis, nonspecific. The heart size is within normal limits. There are calcifications in the coronary arteries due to atherosclerosis. No pleural or pericardial abnormality seen. The imaged upper abdomen reveals gallstones and marked fatty replacement of the pancreas. There are degenerative changes at multiple levels in the thoracic spine. The bones appear mildly osteopenic. There is a large fat containing mass in the right posterior chest wall to the right side of the midline. It lies superficial to the right trapezius muscle indenting it. The superior extent of this lesion is not fully included in the visualised field, and it approximately measures 11 x 8.6 x 3.5 cm (CC xTS x AP). Multiple thin linear striations are noted within the lesion. CONCLUSION No evidence of interstitial lung disease. Mild bronchiectasis in the posterior basal segment of the right lower lobe. Bilateral atelectatic changes. Lipomatous mass lesion in the right posterior chest wall with thin linear striations. Further characterisation with MRI is suggested as low grade malignancy cannot be excluded. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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