# Row 6592

Visit Number: 2a62563c9d6d1f4a1d170bfff8e079f520f540211a60b28485db58bceca9b955

Masked\_PatientID: 6580

Order ID: a7ab3d0048f8d9e07724a9dd09ca022a67ef8f256fa9ac5c61d02af26c6c7f35

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/8/2016 14:05

Line Num: 1

Text: HISTORY RLL lobectomy adenocarcinoma T1aNO TECHNIQUE Plain CT of the thorax was acquired. FINDINGS The previous chest radiograph dated 3 August 2016 and PET CT dated 4 March 2016 were reviewed. Interval right lower lobectomy was performed associated with volume loss. No focal mass lesion to suggest local tumour recurrence is detected. Peribronchial nodularity and patchy ground-glass opacities are noted in the right upper and middle lobes, probably secondary to an infective/inflammatory aetiology. No pleural effusion is detected. No significantly enlarged intrathoracic lymph node is noted. Midline sternotomy wires are present. The heart is normal in size. No pericardial effusion is seen. Atherosclerotic calcifications are noted in the thoracic aorta and coronary arteries. Calcified gallstones are noted. No apparent cholecystic fluid or fat stranding is detected. There is a tiny non-obstructive calculus in the right renal lower pole. Cortical scarring and atrophy of the right kidney is seen, representing sequelae of previous infection/inflammation. The rest of the unenhanced upper abdomen is unremarkable. No destructive bony lesion is seen. Degenerative changes are noted in the thoracolumbar spine. CONCLUSION 1. Interval right lower lobectomy with no evidence of local tumour recurrence. 2. Peribronchial nodularity and patchy ground glass opacities in the right upper and middle lobes, likely secondary to an infective/inflammatory aetiology. Clinical correlation is advised. 3. No evidence of distant metastasis in the thorax. May need further action Reported by: <DOCTOR>

Accession Number: 6717fa30c170da073ed9bc70ce46c2ee8ce94160e42c763be5ffcbd1d6b4ba4b

Updated Date Time: 17/8/2016 10:19

## Layman Explanation

This radiology report discusses HISTORY RLL lobectomy adenocarcinoma T1aNO TECHNIQUE Plain CT of the thorax was acquired. FINDINGS The previous chest radiograph dated 3 August 2016 and PET CT dated 4 March 2016 were reviewed. Interval right lower lobectomy was performed associated with volume loss. No focal mass lesion to suggest local tumour recurrence is detected. Peribronchial nodularity and patchy ground-glass opacities are noted in the right upper and middle lobes, probably secondary to an infective/inflammatory aetiology. No pleural effusion is detected. No significantly enlarged intrathoracic lymph node is noted. Midline sternotomy wires are present. The heart is normal in size. No pericardial effusion is seen. Atherosclerotic calcifications are noted in the thoracic aorta and coronary arteries. Calcified gallstones are noted. No apparent cholecystic fluid or fat stranding is detected. There is a tiny non-obstructive calculus in the right renal lower pole. Cortical scarring and atrophy of the right kidney is seen, representing sequelae of previous infection/inflammation. The rest of the unenhanced upper abdomen is unremarkable. No destructive bony lesion is seen. Degenerative changes are noted in the thoracolumbar spine. CONCLUSION 1. Interval right lower lobectomy with no evidence of local tumour recurrence. 2. Peribronchial nodularity and patchy ground glass opacities in the right upper and middle lobes, likely secondary to an infective/inflammatory aetiology. Clinical correlation is advised. 3. No evidence of distant metastasis in the thorax. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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