# Row 6594

Visit Number: 2d85e7195079a06e8d69ce71a12e86f68f4dac2e9c1c942c2e5ffcccf636e692

Masked\_PatientID: 6580

Order ID: 067096b810566be3c296c32acf6dee68755654ed5c3d691dd75dba71652978b8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/8/2017 10:30

Line Num: 1

Text: HISTORY right lower lobectomy for early lung CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made to the CT of 23/02/2017 and CT/PET of 04/03/2016. The patient is status post right lower lobectomy on 21/03/2016 for histologically confirmed lung adenocarcinoma. No evidence of local recurrence is identified. Stable right pleural thickening and subpleural scarring are likely post-surgical. No new suspicious pulmonary nodule or mass is seen. Mild para-septal emphysema is noted in the right upper lobe. A few subcentimetre thin-walled pulmonary cysts are noted in the left lower lobe. No pleural or pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axiallary or supraclavicular lymph node. The heart is mildly enlarged. Previous CABG is noted. Interval insertion of an AICD is noted with wire tip in the right ventricle. The limited sections of the upper abdomen demonstrate several small calculi in the gallbladder and cystic duct. Both kidneys are scarred with suggestion of hyperdense cysts, the largest measuring 0.6 cm at the left kidney interpolar region. Uncomplicated ascending colonic diverticula are noted. No bony destruction is seen. CONCLUSION The patient is status post right lower lobectomy with no evidence of local recurrence or adenopathy identified. Known / Minor Reported by: <DOCTOR>

Accession Number: 34dc5ac3b48e92c2ef52392e837815f4f15dfb8e27310e8f7bd3aade9d448331

Updated Date Time: 18/8/2017 12:41

## Layman Explanation

This radiology report discusses HISTORY right lower lobectomy for early lung CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made to the CT of 23/02/2017 and CT/PET of 04/03/2016. The patient is status post right lower lobectomy on 21/03/2016 for histologically confirmed lung adenocarcinoma. No evidence of local recurrence is identified. Stable right pleural thickening and subpleural scarring are likely post-surgical. No new suspicious pulmonary nodule or mass is seen. Mild para-septal emphysema is noted in the right upper lobe. A few subcentimetre thin-walled pulmonary cysts are noted in the left lower lobe. No pleural or pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axiallary or supraclavicular lymph node. The heart is mildly enlarged. Previous CABG is noted. Interval insertion of an AICD is noted with wire tip in the right ventricle. The limited sections of the upper abdomen demonstrate several small calculi in the gallbladder and cystic duct. Both kidneys are scarred with suggestion of hyperdense cysts, the largest measuring 0.6 cm at the left kidney interpolar region. Uncomplicated ascending colonic diverticula are noted. No bony destruction is seen. CONCLUSION The patient is status post right lower lobectomy with no evidence of local recurrence or adenopathy identified. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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