# Row 6597

Visit Number: 4325aad0a3a8042e78283230ade27167b3a56b9d8038c3c438905bd736e7e259

Masked\_PatientID: 6580

Order ID: ce41cd14a7b806f4b2a875cd6482fce8b57c169e0331c791b15d81c1fae26083

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/4/2020 9:34

Line Num: 1

Text: HISTORY Right lower lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT Chest from 1 Feb 2019 Post right lower lobectomy. No suspicious pulmonary mass to suggest local tumour recurrence. Previous Scattered mild ground glass opacities in the middle and right upper lobes have mostly resolved. Small nonspecific area of thickening along minor fissure remains stable (se 4-36 vs. prev 5-36). Mild pleura thickening in the right lateral and para-vertebral region remains stable, likely postsurgical changes. No suspicious nodule noted. No consolidation or pleural effusion. The airways are patent. The right 0.6cm paratracheal lymph node appears marginally smaller (se 4-17 vs. prev 4-17). No significantly enlarged hilar, mediastinal, axillary, and supraclavicular adenopathy detected. The heart remains borderline enlarged. No pericardial effusion. AICD in situ with tip location stable within right ventricle along septum. Coronary bypass grafts seen. Interval placement of perm catheter seen via the right internal jugular vein, its tip within the right atrium. Calculi are again seen within the gallbladder and the distal common bile duct (se 4-106 vs. prev 4-110). No overt dilatation of common bile duct. Bilateral adrenals are unremarkable. No destructive bony lesions. CONCLUSION 1. Post right lower lobectomy. No suspicious pulmonary mass or abnormal adenopathy to suggest local recurrence. 2. Gallstones and distal CBD calculi are stable and not causing significant biliary dilatation Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 059ace12cd9b4b046abb19e39bfb49bf014a8d8ea3b10af4e9b1a694fd05713d

Updated Date Time: 28/4/2020 13:55

## Layman Explanation

This radiology report discusses HISTORY Right lower lobectomy for cancer, follow-up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT Chest from 1 Feb 2019 Post right lower lobectomy. No suspicious pulmonary mass to suggest local tumour recurrence. Previous Scattered mild ground glass opacities in the middle and right upper lobes have mostly resolved. Small nonspecific area of thickening along minor fissure remains stable (se 4-36 vs. prev 5-36). Mild pleura thickening in the right lateral and para-vertebral region remains stable, likely postsurgical changes. No suspicious nodule noted. No consolidation or pleural effusion. The airways are patent. The right 0.6cm paratracheal lymph node appears marginally smaller (se 4-17 vs. prev 4-17). No significantly enlarged hilar, mediastinal, axillary, and supraclavicular adenopathy detected. The heart remains borderline enlarged. No pericardial effusion. AICD in situ with tip location stable within right ventricle along septum. Coronary bypass grafts seen. Interval placement of perm catheter seen via the right internal jugular vein, its tip within the right atrium. Calculi are again seen within the gallbladder and the distal common bile duct (se 4-106 vs. prev 4-110). No overt dilatation of common bile duct. Bilateral adrenals are unremarkable. No destructive bony lesions. CONCLUSION 1. Post right lower lobectomy. No suspicious pulmonary mass or abnormal adenopathy to suggest local recurrence. 2. Gallstones and distal CBD calculi are stable and not causing significant biliary dilatation Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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