# Row 6595

Visit Number: 3b4281b5d3c6e6a64bd7ed94dbf7b3235b6b6eaef85fb8f249505fded6ba15f4

Masked\_PatientID: 6580

Order ID: 41e7c8a6a44f60d284a8684f9d9e5304b4960b3bd3a98e25cc852ff017a15dbe

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 31/1/2018 11:38

Line Num: 1

Text: HISTORY Right upper lobectomy TECHNIQUE The scan was performed as per department protocol IV contrast: nil FINDINGS Comparison was made with the previous study of 18 August 2017. Status post right lower lobectomy. No scan evidence of local recurrence. New patchy ground glass opacities and interlobular septal thickening in anteriomedial and lateral basal segments left lower lobe may be due to inflammation. Mild para-septal emphysema in the left upper lobe and right lower lobe. Small thin-walled cysts in left lower lobe. No pulmonary mass or consolidation is detected. No pulmonary nodule, mass or consolidation is detected. The major airways are patent. No pleural effusion is present. No enlarged intrathoracic, axillary or supraclavicular lymph node is detected. AICD is seen with the tip of the lead in the right ventricle. Status post CABG. Sternotomy wires are present. The heart is enlarged. No pericardial effusion is seen. In the limited sections of the upper abdomen, there are stones in the distal CBD, gallbladder and cystic duct. The biliary trees are not dilated. There is scarring in the right kidney. No destructive bony lesion is seen. CONCLUSION Status post right lower lobectomy. No evidence of local recurrence. New patchy ground glass opacities and interlobular septal thickening in anteriomedial and lateral basal segments left lower lobe may be due to inflammation. Stones in the distal CBD, gallbladder and cystic duct. The biliary tree is not dilated. May need further action Reported by: <DOCTOR>

Accession Number: 74e43cac24c99ae8611e07fb0e78a632752b76024607391d7b600880a4def7ab

Updated Date Time: 02/2/2018 19:13

## Layman Explanation

This radiology report discusses HISTORY Right upper lobectomy TECHNIQUE The scan was performed as per department protocol IV contrast: nil FINDINGS Comparison was made with the previous study of 18 August 2017. Status post right lower lobectomy. No scan evidence of local recurrence. New patchy ground glass opacities and interlobular septal thickening in anteriomedial and lateral basal segments left lower lobe may be due to inflammation. Mild para-septal emphysema in the left upper lobe and right lower lobe. Small thin-walled cysts in left lower lobe. No pulmonary mass or consolidation is detected. No pulmonary nodule, mass or consolidation is detected. The major airways are patent. No pleural effusion is present. No enlarged intrathoracic, axillary or supraclavicular lymph node is detected. AICD is seen with the tip of the lead in the right ventricle. Status post CABG. Sternotomy wires are present. The heart is enlarged. No pericardial effusion is seen. In the limited sections of the upper abdomen, there are stones in the distal CBD, gallbladder and cystic duct. The biliary trees are not dilated. There is scarring in the right kidney. No destructive bony lesion is seen. CONCLUSION Status post right lower lobectomy. No evidence of local recurrence. New patchy ground glass opacities and interlobular septal thickening in anteriomedial and lateral basal segments left lower lobe may be due to inflammation. Stones in the distal CBD, gallbladder and cystic duct. The biliary tree is not dilated. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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