# Row 6630

Visit Number: e2b72aabddbc03962bdf7bb4857b106aa2617b5b951b07143e6780985eb8f728

Masked\_PatientID: 6629

Order ID: 0de41dc413d6df754c95d252242df446b496942346ff8911acf33370c215ffa2

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 11/7/2019 10:16

Line Num: 1

Text: HISTORY Breast CA on adjuvant chemotherapy; TRO chemo induced pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Fairly symmetrical, diffuse ground-glass changes in both lungs, with relative sparing of the middle lobe, lingula and basal lower lobes. No suspicious pulmonary nodule, mass or consolidation. No overt septal thickening, bronchiectasis, honeycombing, architectural distortion or volume loss. Trachea and central airways are patent. There is no pleural effusion. No supraclavicular, mediastinal or hilar lymphadenopathy. Heart size is normal. Mediastinal structures opacify satisfactorily. No pericardial effusion. Imaged thyroid gland is unremarkable. The patient is status post right breast wide excision surgery and axillary clearance. There is soft tissue stranding in the right breast. A circumscribed 4.4 x 3.2 cm collection at the surgical bed probably corresponds to theseroma seen on prior ultrasound dated 16 May 2019 (5/40). There is probably another smaller collection tracking towards the right axilla, where there is soft tissue stranding/thickening presumably postsurgical in nature. No gross mass in the left breast. Limited sections of the upper abdomen are grossly unremarkable. There is no suspicious bony destruction. CONCLUSION 1. Fairly symmetrical diffuse ground-glass changes in both lungs with relative sparing of the lung bases. Theseappearances are non-specific, with drug-induced pneumonitis and infection (for e.g., viral) being possible considerations. Clinical correlation is essential. 2. Status post right breast wide excision surgery with post-surgical seromas better delineated on prior ultrasound dated 16 May 2019. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f40f60be6ee584eab6ef48ce286092d3f735e9f7fd8e153690e7c5afbfc608c9

Updated Date Time: 11/7/2019 10:56

## Layman Explanation

This radiology report discusses HISTORY Breast CA on adjuvant chemotherapy; TRO chemo induced pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Fairly symmetrical, diffuse ground-glass changes in both lungs, with relative sparing of the middle lobe, lingula and basal lower lobes. No suspicious pulmonary nodule, mass or consolidation. No overt septal thickening, bronchiectasis, honeycombing, architectural distortion or volume loss. Trachea and central airways are patent. There is no pleural effusion. No supraclavicular, mediastinal or hilar lymphadenopathy. Heart size is normal. Mediastinal structures opacify satisfactorily. No pericardial effusion. Imaged thyroid gland is unremarkable. The patient is status post right breast wide excision surgery and axillary clearance. There is soft tissue stranding in the right breast. A circumscribed 4.4 x 3.2 cm collection at the surgical bed probably corresponds to theseroma seen on prior ultrasound dated 16 May 2019 (5/40). There is probably another smaller collection tracking towards the right axilla, where there is soft tissue stranding/thickening presumably postsurgical in nature. No gross mass in the left breast. Limited sections of the upper abdomen are grossly unremarkable. There is no suspicious bony destruction. CONCLUSION 1. Fairly symmetrical diffuse ground-glass changes in both lungs with relative sparing of the lung bases. Theseappearances are non-specific, with drug-induced pneumonitis and infection (for e.g., viral) being possible considerations. Clinical correlation is essential. 2. Status post right breast wide excision surgery with post-surgical seromas better delineated on prior ultrasound dated 16 May 2019. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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