# Row 7280

Visit Number: 32e90caf50eaae54282ee85e0c7b42a3756a53dd60a18c99b519cc2547371845

Masked\_PatientID: 7278

Order ID: 8e9f073ea3fbafa22207f8e2795b60c359600ad0007031fc991dceade4de3c9d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/2/2016 12:10

Line Num: 1

Text: HISTORY CXR- possible R UZ cavitation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Note made of previous C X R. Mediastinal vasculature enhances normally. No significant mediastinal adenopathy is seen. Small volume bilateral hilar lymph nodes are present which are not significantly enlarged and could just be reactive. Atheromatous changes in aortic arch and descending thoracic aorta. Alsoatheromatous changes at origin of arch vessels with narrowing at origin of both subclavian arteries. No suspicious lung mass or consolidation seen. A 3 mm subpleural nodularity in right upper lobe (402 - 20) appears nonspecific. Minor emphysematous changes are also present in upper lungs. A thin-wall bullae is present along the fissure in right upper lobe (402 - 41). The major airways are patent. Some intraluminal density in trachea likely represent retained secretions. No pleural or pericardial effusions. Included upper abdomen sections show low density lesions in the liver, likely cysts. There is some asymmetry of the chest wall with increased in bulk of the left lateral chest wall soft tissue thickening based on the left serratus anterior muscle, with adjacent fat stranding (402 - 41). No focal collections or underlying rib cage abnormalities seen. This finding is of uncertain significance -? History of trauma to this region. Please correlate clinically. CONCLUSION 1. No overtly suspicious lung findings. Minor emphysematous changes in both upper lobes and a prominent thin walled bulla in the right upper lobe. No consolidation or cavitary lesion. 2. Small volume bilateral hilar lymph nodes which are not significantly enlarged and may just reactive. No significant mediastinal adenopathy. 3. Asymmetric appearance of the chest wall with bulky left serratus anterior muscle (left lateral chest wall) with fat stranding. No focal collections or underlying rib cage abnormalities such as fractures. This finding of uncertain cause -? History of trauma to this region. Please correlate clinically. -? If the patient on anticoagulants, this could also be an intramuscular haematoma. May need further action Finalised by: <DOCTOR>

Accession Number: f85954db8a2e76b1e9aacac9626fc376be268e72e3adea0a8ea7f7879d91fe7e

Updated Date Time: 06/2/2016 12:43

## Layman Explanation

This radiology report discusses HISTORY CXR- possible R UZ cavitation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Note made of previous C X R. Mediastinal vasculature enhances normally. No significant mediastinal adenopathy is seen. Small volume bilateral hilar lymph nodes are present which are not significantly enlarged and could just be reactive. Atheromatous changes in aortic arch and descending thoracic aorta. Alsoatheromatous changes at origin of arch vessels with narrowing at origin of both subclavian arteries. No suspicious lung mass or consolidation seen. A 3 mm subpleural nodularity in right upper lobe (402 - 20) appears nonspecific. Minor emphysematous changes are also present in upper lungs. A thin-wall bullae is present along the fissure in right upper lobe (402 - 41). The major airways are patent. Some intraluminal density in trachea likely represent retained secretions. No pleural or pericardial effusions. Included upper abdomen sections show low density lesions in the liver, likely cysts. There is some asymmetry of the chest wall with increased in bulk of the left lateral chest wall soft tissue thickening based on the left serratus anterior muscle, with adjacent fat stranding (402 - 41). No focal collections or underlying rib cage abnormalities seen. This finding is of uncertain significance -? History of trauma to this region. Please correlate clinically. CONCLUSION 1. No overtly suspicious lung findings. Minor emphysematous changes in both upper lobes and a prominent thin walled bulla in the right upper lobe. No consolidation or cavitary lesion. 2. Small volume bilateral hilar lymph nodes which are not significantly enlarged and may just reactive. No significant mediastinal adenopathy. 3. Asymmetric appearance of the chest wall with bulky left serratus anterior muscle (left lateral chest wall) with fat stranding. No focal collections or underlying rib cage abnormalities such as fractures. This finding of uncertain cause -? History of trauma to this region. Please correlate clinically. -? If the patient on anticoagulants, this could also be an intramuscular haematoma. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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