# Row 7318

Visit Number: b37a8df2d3748eaa20d9ccbd76885c2fe74e547dfd4bf2845d925a71a05b3e7d

Masked\_PatientID: 7308

Order ID: 5d2156f172e434315b62c36ba47160c6e5d394ad5c9dad7b240474de2e92a874

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/7/2019 10:47

Line Num: 1

Text: HISTORY Right subpleural nodule - monitoring; ANCA associated vasculitis and ESRF. Worked up for transplant. CT in Mar 19 showed subpleural nodule. No symptom. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS The prior CT chest of 14 March 2019 is reviewed. The previously seen subpleural nodule in the right lower lobe (prior 3/57) now appears smaller in size (3/54). Tiny subpleural nodules at the left lower lobe (3/57, 58) and nodule in the left upper lobe nodule (3/25) are stable in size. The stable 2 mm nodule in the apical segment of the right lower lobe (3/34) was noted to contain calcifications on prior CT, in keeping with a calcified granuloma. Minimal subsegmental atelectasis is noted in the right lower lobe. No consolidation is seen in the lungs. The airways are patent. There is no pleural effusion. No cardiomegaly or pericardial effusion is seen. A central venous catheter is again noted with the tip in the cavoatrial junction. The partially imaged kidneys appear atrophied with cortical thinning, in keeping with submitted history of end-stage renal failure. There is no destructive bony lesion or significant lymphadenopathy seen. CONCLUSION The previously seen subpleural nodule in the right lower lobe now appears smaller in size. A few only tiny left lung nodules are stable. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 3a4ce68440d0e7ea837b1ae3b4547e588c6c6bdc86cbc673faa8917e2e0a41e4

Updated Date Time: 10/7/2019 12:59

## Layman Explanation

This radiology report discusses HISTORY Right subpleural nodule - monitoring; ANCA associated vasculitis and ESRF. Worked up for transplant. CT in Mar 19 showed subpleural nodule. No symptom. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS The prior CT chest of 14 March 2019 is reviewed. The previously seen subpleural nodule in the right lower lobe (prior 3/57) now appears smaller in size (3/54). Tiny subpleural nodules at the left lower lobe (3/57, 58) and nodule in the left upper lobe nodule (3/25) are stable in size. The stable 2 mm nodule in the apical segment of the right lower lobe (3/34) was noted to contain calcifications on prior CT, in keeping with a calcified granuloma. Minimal subsegmental atelectasis is noted in the right lower lobe. No consolidation is seen in the lungs. The airways are patent. There is no pleural effusion. No cardiomegaly or pericardial effusion is seen. A central venous catheter is again noted with the tip in the cavoatrial junction. The partially imaged kidneys appear atrophied with cortical thinning, in keeping with submitted history of end-stage renal failure. There is no destructive bony lesion or significant lymphadenopathy seen. CONCLUSION The previously seen subpleural nodule in the right lower lobe now appears smaller in size. A few only tiny left lung nodules are stable. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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