# Row 8054

Visit Number: aa1187a92e4daba366fca793740410a50c4f392afbe44f89ab98527b096dd309

Masked\_PatientID: 8047

Order ID: eb91bf0b29b24a05b988b2fa27e05cd1e5ea25310c70b55f6afd59c4e6684c41

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/6/2018 17:49

Line Num: 1

Text: HISTORY follow up nodules in the CT thorax (LUL , RML) previous history of lung CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison was done with prior CT study dated 12/02/2018. Status postop right upper lobectomy. Postsurgical changes are noted in the right upper lobe. Scarring is noted in left upper lobe. Cluster of tiny nodules are noted in the left upper lobe, right middle lobe and the right lower lobe likely post-inflammatory in aetiology. Minimal atelectasis is noted in the lingual and the right middle lobe. There are discrete pulmonary nodules scattered in the right middle lobe left upper lobe, lingula and the bilateral lower lobes ranging insize from 2-4 mm, some of these nodules , stable in size and some shows interval increase in size for example the left lingula 3 mm from prior 2 mm (3/59 vs 3/55). The ascending aorta is ectatic. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. There are no destructive bony lesions. The stable sclerotic focus in the T9 vertebral body is likely bone island. Few cysts are noted in the liver, stable from the prior study. No destructive bony lesions. CONCLUSION The cluster of tiny nodules with scarring as described above in both the lung are likely postinflammatory. The other scattered discrete nodules, some of which are stable and others demonstrate mild increase in size as compared to prior study. These remain suspicious for metastasis in the present clinical context. No obvious newnodules are detected. May need further action Finalised by: <DOCTOR>

Accession Number: d8fbd4216c2d59f11607125672ce7282f1356786da2fd2512069c6e5aa72d069

Updated Date Time: 11/6/2018 15:24

## Layman Explanation

This radiology report discusses HISTORY follow up nodules in the CT thorax (LUL , RML) previous history of lung CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison was done with prior CT study dated 12/02/2018. Status postop right upper lobectomy. Postsurgical changes are noted in the right upper lobe. Scarring is noted in left upper lobe. Cluster of tiny nodules are noted in the left upper lobe, right middle lobe and the right lower lobe likely post-inflammatory in aetiology. Minimal atelectasis is noted in the lingual and the right middle lobe. There are discrete pulmonary nodules scattered in the right middle lobe left upper lobe, lingula and the bilateral lower lobes ranging insize from 2-4 mm, some of these nodules , stable in size and some shows interval increase in size for example the left lingula 3 mm from prior 2 mm (3/59 vs 3/55). The ascending aorta is ectatic. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, axillary or supraclavicular lymphadenopathy. No evidence of pericardial or pleural effusion. There are no destructive bony lesions. The stable sclerotic focus in the T9 vertebral body is likely bone island. Few cysts are noted in the liver, stable from the prior study. No destructive bony lesions. CONCLUSION The cluster of tiny nodules with scarring as described above in both the lung are likely postinflammatory. The other scattered discrete nodules, some of which are stable and others demonstrate mild increase in size as compared to prior study. These remain suspicious for metastasis in the present clinical context. No obvious newnodules are detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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