# Row 8079

Visit Number: e4d4b9213938bf3759c8a8aef61f7dd14dc2c1ac8058f49a5173d5338318e157

Masked\_PatientID: 8073

Order ID: 570784209eae79f198ed68f927db188bf4cf5c3963f9cc6f45d03b7ccd1ca085

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/10/2019 16:22

Line Num: 1

Text: HISTORY ? sarcoidosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the previous CT done on 23 March 2018. Few prominent mediastinal lymph nodes are noted in the prevascular, right paratracheal and subcarinal regions. Previously noted enlarged subcarinal lymph node is smaller currently measuring 8 mm in short axis (Im 5/45). Small volume hilar lymph nodes also noted bilaterally. Mild atelectasis is noted bilaterally in the lower lobes. Few ill-defined opacities are superior segment of the left lower lobe are likely postinflammatory (Im 6/53). Mediastinal vessels are unremarkable. No supraclavicular or axillary lymphadenopathy. Cardiac size appears normal. No pericardial effusion. L1 compression fracture is noted. Circumscribed lytic focus in T11 vertebra is nonspecific. Visualized portions of the spleen appear enlarged and there is suggestion of an ill-defined hypodense lesion in the upper pole. CONCLUSION Few prominent mediastinal and hilar lymph nodes are nonspecific. The subcarinal lymph node shows interval improvement since the prior study. There is suggestion of splenomegaly and an ill-defined hypodense lesion in the upper pole of the spleen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: ee600602e52e994c960b3bf94a207d1cd23db9da03d703714ba5134ad10522e1

Updated Date Time: 23/10/2019 9:57

## Layman Explanation

This radiology report discusses HISTORY ? sarcoidosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the previous CT done on 23 March 2018. Few prominent mediastinal lymph nodes are noted in the prevascular, right paratracheal and subcarinal regions. Previously noted enlarged subcarinal lymph node is smaller currently measuring 8 mm in short axis (Im 5/45). Small volume hilar lymph nodes also noted bilaterally. Mild atelectasis is noted bilaterally in the lower lobes. Few ill-defined opacities are superior segment of the left lower lobe are likely postinflammatory (Im 6/53). Mediastinal vessels are unremarkable. No supraclavicular or axillary lymphadenopathy. Cardiac size appears normal. No pericardial effusion. L1 compression fracture is noted. Circumscribed lytic focus in T11 vertebra is nonspecific. Visualized portions of the spleen appear enlarged and there is suggestion of an ill-defined hypodense lesion in the upper pole. CONCLUSION Few prominent mediastinal and hilar lymph nodes are nonspecific. The subcarinal lymph node shows interval improvement since the prior study. There is suggestion of splenomegaly and an ill-defined hypodense lesion in the upper pole of the spleen. 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.