# Row 8135

Visit Number: 76f36a0bdc0af27ded590ceba251f9bf81e65fcab462628d7858946252c38914

Masked\_PatientID: 8133

Order ID: 5729d6c0d598882537435615fa7c70e36d0e32848d46223bcaf6d6f39ba159cf

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/6/2015 15:04

Line Num: 1

Text: HISTORY ?Breast met ?Lung mitotic lesion; Previos right breast Ca MRCP suggest new left lung nodule TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the previous CT thorax of 28 April 2014 and 7 August 2013. Corresponding to the enhancing nodule seen in the recent MRCP is an area of mild atelectasis in the inferior segment of the lingula lobe, adjacent to paracardiac fat pad abutting the fissure. This is largely stable compared with previous studies (series five image 80). Stable nonspecific tiny pulmonary nodules are seen in the apical segment of right upper lobe (series five image 19),posterior segment of the right upper lobe (series five image 29), anterior basal segment of the right lower lobe (series five image 64), posterobasal segment of the right lower lobe (series five image 85), lateral segment of the middle lobe (series five image 54) and apical segment of the left lower lobe (series five image 44). Minor scarring is seen in both apices. No pleural effusion is present. No enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Incidental note is made of a partial anomalous pulmonary venous return of the left upper lobe pulmonary vein draining into the left brachiocephalic vein. There is mild cardiomegaly. No pericardial effusion is seen. Post right mastectomy with nosuggestion of local recurrence. Nonspecific hypodensities are seen in both lobes of the thyroid gland. A stable focus of coarse calcification is seen in the left lower pole of the thyroid gland. The limited sections of the upper abdomen in the arterial phase are grossly unremarkable. No destructive bony process is seen. CONCLUSION 1. Corresponding to the enhancing nodule seen in the recent MRCP is an area of mild stable atelectasis in the inferior segment of the lingula. 2.The previously noted tiny pulmonary nodules remain stable. Known / Minor Reported by: <DOCTOR>

Accession Number: cede7f61a51362af4b69b0a0f77eae6acb07c261251245889c904be144a0b1c9

Updated Date Time: 05/6/2015 13:04

## Layman Explanation

This radiology report discusses HISTORY ?Breast met ?Lung mitotic lesion; Previos right breast Ca MRCP suggest new left lung nodule TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the previous CT thorax of 28 April 2014 and 7 August 2013. Corresponding to the enhancing nodule seen in the recent MRCP is an area of mild atelectasis in the inferior segment of the lingula lobe, adjacent to paracardiac fat pad abutting the fissure. This is largely stable compared with previous studies (series five image 80). Stable nonspecific tiny pulmonary nodules are seen in the apical segment of right upper lobe (series five image 19),posterior segment of the right upper lobe (series five image 29), anterior basal segment of the right lower lobe (series five image 64), posterobasal segment of the right lower lobe (series five image 85), lateral segment of the middle lobe (series five image 54) and apical segment of the left lower lobe (series five image 44). Minor scarring is seen in both apices. No pleural effusion is present. No enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Incidental note is made of a partial anomalous pulmonary venous return of the left upper lobe pulmonary vein draining into the left brachiocephalic vein. There is mild cardiomegaly. No pericardial effusion is seen. Post right mastectomy with nosuggestion of local recurrence. Nonspecific hypodensities are seen in both lobes of the thyroid gland. A stable focus of coarse calcification is seen in the left lower pole of the thyroid gland. The limited sections of the upper abdomen in the arterial phase are grossly unremarkable. No destructive bony process is seen. CONCLUSION 1. Corresponding to the enhancing nodule seen in the recent MRCP is an area of mild stable atelectasis in the inferior segment of the lingula. 2.The previously noted tiny pulmonary nodules remain stable. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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