# Row 8137

Visit Number: 6ed0460d4a7928a0501c1d6e28ed41411a8fabe50bdc82c8af55a5b5663328cd

Masked\_PatientID: 8133

Order ID: 67c0369a90d68c747537ae4df2697d30fae8007e38fef05be17d923ad8a513e7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/3/2017 14:18

Line Num: 1

Text: HISTORY c/o cough past hx Ca breast s/p op and chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the previous CT thorax of 2 Jun 2015. Status post right mastectomy with no evidence of recurrent mass or enlarged lymph nodes. Previously noted atelectasis at the inferior segment of the lingula lobe is stable. The tiny nonspecific nodules in the apical segment of theright upper lobe (Se9 Im 15), posterior segment of the right upper lobe (Se9 Im31), posterobasal segment of the right lower lobe (Se9 Im81), lateral segment of the middle lobe (Se9 Im50) and apical segment of the left lower lobe (Se9 Im42) are stable. Previously noted tiny nodule in the anterior basal segment of the right lower lobe is not well seen on this study. No interval new nodules are seen. Stable scarring is noted in bilateral apices. No pleural or pericardial effusion is detected. No enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Small volume nodes with preserved fatty hila are noted again in the left axilla, fairly stable. Stable nonspecific hypodensities are seen in both lobes of the thyroid gland. Coarse calcification in the left lower pole of the thyroid gland is also stable. The ascending aorta is mildly dilated measuring up to 3.9 cm in diameter. The limited sections of the upper abdomen are grossly unremarkable. No destructive bony process is seen. CONCLUSION Since 2 Jun 2015: Previously noted tiny nodule in the lungs remain stable. No interval new nodules or suspicious imaging abnormalities. Status post right mastectomy with no evidence of recurrence is detected. Anomalous partial pulmonary venous drainage, the left upper lobe pulmonary vein drains in to left brachiocephalic vein, as also noted on previous studies. The right-sided cardiac chambers are dilated. Known / Minor Reported by: <DOCTOR>

Accession Number: c20226393465e5ba792fbc0cd9e35c90fe85eec5f9638e9f0de35306f087cfff

Updated Date Time: 06/3/2017 17:14

## Layman Explanation

This radiology report discusses HISTORY c/o cough past hx Ca breast s/p op and chemo TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the previous CT thorax of 2 Jun 2015. Status post right mastectomy with no evidence of recurrent mass or enlarged lymph nodes. Previously noted atelectasis at the inferior segment of the lingula lobe is stable. The tiny nonspecific nodules in the apical segment of theright upper lobe (Se9 Im 15), posterior segment of the right upper lobe (Se9 Im31), posterobasal segment of the right lower lobe (Se9 Im81), lateral segment of the middle lobe (Se9 Im50) and apical segment of the left lower lobe (Se9 Im42) are stable. Previously noted tiny nodule in the anterior basal segment of the right lower lobe is not well seen on this study. No interval new nodules are seen. Stable scarring is noted in bilateral apices. No pleural or pericardial effusion is detected. No enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Small volume nodes with preserved fatty hila are noted again in the left axilla, fairly stable. Stable nonspecific hypodensities are seen in both lobes of the thyroid gland. Coarse calcification in the left lower pole of the thyroid gland is also stable. The ascending aorta is mildly dilated measuring up to 3.9 cm in diameter. The limited sections of the upper abdomen are grossly unremarkable. No destructive bony process is seen. CONCLUSION Since 2 Jun 2015: Previously noted tiny nodule in the lungs remain stable. No interval new nodules or suspicious imaging abnormalities. Status post right mastectomy with no evidence of recurrence is detected. Anomalous partial pulmonary venous drainage, the left upper lobe pulmonary vein drains in to left brachiocephalic vein, as also noted on previous studies. The right-sided cardiac chambers are dilated. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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