# Row 8267

Visit Number: 5f740218b0a4096f92255722e5833097158246be9ee72f8652ebd6af3531944a

Masked\_PatientID: 8258

Order ID: 56717488557473d436f26fb296fd159c4d2573d485b07dba9694a0576ee8f368

Order Name: CT Thorax (Low Dose)

Result Item Code: CTCHELD

Performed Date Time: 17/2/2020 15:27

Line Num: 1

Text: HISTORY LUL GGO for interval assessment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison was made with the prior CT study of 30 March 2010 and 12 July 2019. The ground-glass opacity of concern in the left upper lobe anterior segment is largely stable in size measuring 3 x 2.3 cm (Im6-46 and 3-29). A tiny cystic spaces are again noted within it but no discrete solid component is appreciated. Clusters of centrilobular nodules are again seen in the right posterior upper lobe and middle lobe, and remain stable. Note is again made of bronchiectatic changes in the middle lobe with scarring and volume reduction. Mild scarring with traction bronchial dilatation is also noted inthe inferior lingular segment. A few calcified granulomas in the right lung and a calcified right hilar lymph node in keeping with previous CT granulomatous disease. No suspicious enlarged mediastinal lymph node is detected in the interim. The trachea and main bronchi are patent. No pleural effusion is seen. Mild calcifications are present along the proximal ascending, arch and descending thoracic aorta. The heart is not enlarged. The imaged upper abdomen reveals gallstones measuring up to 1.2 cm. The partially imaged gallbladder appears unremarkable. Mild degenerative changes are present in the imaged thoracolumbar spine. No destructive osseous lesion is detected. CONCLUSION Stable left upper lobe ground-glass opacity since the prior CT study of July 2019 but increased since the CT of March 2010, and is suspicious for slow-growing malignancy. No discrete solid component is however detected. Stable centrilobular nodularity in the right posterior upper and middle lobes likely to represent sequelae of prior infection. Background bronchiectatic changes in the middle lobe and lingula. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 4e62254c540452709c1574a251183b2d50d36be2ace31d5c0e155f8cdcfda978

Updated Date Time: 18/2/2020 9:19

## Layman Explanation

This radiology report discusses HISTORY LUL GGO for interval assessment TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison was made with the prior CT study of 30 March 2010 and 12 July 2019. The ground-glass opacity of concern in the left upper lobe anterior segment is largely stable in size measuring 3 x 2.3 cm (Im6-46 and 3-29). A tiny cystic spaces are again noted within it but no discrete solid component is appreciated. Clusters of centrilobular nodules are again seen in the right posterior upper lobe and middle lobe, and remain stable. Note is again made of bronchiectatic changes in the middle lobe with scarring and volume reduction. Mild scarring with traction bronchial dilatation is also noted inthe inferior lingular segment. A few calcified granulomas in the right lung and a calcified right hilar lymph node in keeping with previous CT granulomatous disease. No suspicious enlarged mediastinal lymph node is detected in the interim. The trachea and main bronchi are patent. No pleural effusion is seen. Mild calcifications are present along the proximal ascending, arch and descending thoracic aorta. The heart is not enlarged. The imaged upper abdomen reveals gallstones measuring up to 1.2 cm. The partially imaged gallbladder appears unremarkable. Mild degenerative changes are present in the imaged thoracolumbar spine. No destructive osseous lesion is detected. CONCLUSION Stable left upper lobe ground-glass opacity since the prior CT study of July 2019 but increased since the CT of March 2010, and is suspicious for slow-growing malignancy. No discrete solid component is however detected. Stable centrilobular nodularity in the right posterior upper and middle lobes likely to represent sequelae of prior infection. Background bronchiectatic changes in the middle lobe and lingula. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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