# Row 8551

Visit Number: 142fde1b7592a296a81f4a236644abd2ef639c7d12ee60fefd91d32fdcc3d124

Masked\_PatientID: 8551

Order ID: ced8ed58e8cd52af57ba9b6c7bd78ef556996f633b35885191a69fa653db1c1a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/5/2016 15:19

Line Num: 1

Text: HISTORY ?Left MZ mass; b/g left breast ca s/p SM and SLN biopsy chemoRT in 2007 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior CT examination available for comparison. Status post left mastectomy noted. No overt soft tissue mass is seen to suggest local recurrence. No significantly enlarged axillary, supraclavicular lymph node is seen. Corresponding to the chest radiograph opacity,there is consolidation in the lingular segment of the left upper lobe with presence of air bronchograms. There are patchy surrounding ground-glass changes within the same segment. More inferiorly the consolidated segment is more confluent with some low attenuation areas (image 4-57) and it abuts the mediastinal and costal pleura. A 3 mm ill-defined nodule in the lingula (image 6-47) is nonspecific. At the left lung apex posteriorly, a sub pleural opacity is seen probably representing post radiotherapy fibrosis (image 6-14). There are atelectatic changes in the anterior basal segment of the left lower lobe and dependent lower lobes. Small left pleural effusion is noted. There are few small volume nodes in the left paratracheal and AP window regions measuring up to 5 mm in short axis, which are below significant size threshold. Mild calcification of the coronary arteries noted. No pericardial effusion. In the visualised upper abdomen, there are multiple well-defined hypodense lesions, the larger ones are likely cyst whilst the smaller lesions are difficult to fully characterise. The visualised gallbladder shows sludge and possible tiny calculi. A few hypodense lesions are also noted in the kidneys which are too small to characterise but probably cysts. No destructive bony lesion seen. CONCLUSION Consolidation with surrounding ground-glass changes in the lingual, likely corresponds to the chest radiograph opacity. The appearances are more in favour of inflammatory/infective cause rather than neoplastic origin. Follow-up with chest x-ray in 4 - 6 weeks is advised to check for resolution after appropriate treatment. A tiny nodule in the lingula is nonspecific at this stage; attention on follow up suggested. May need further action Finalised by: <DOCTOR>

Accession Number: e0a48aa22cc9a7cf986a379c269b351a7da82dbc66e1f4e08151fe18f39053fe

Updated Date Time: 23/5/2016 15:54

## Layman Explanation

This radiology report discusses HISTORY ?Left MZ mass; b/g left breast ca s/p SM and SLN biopsy chemoRT in 2007 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior CT examination available for comparison. Status post left mastectomy noted. No overt soft tissue mass is seen to suggest local recurrence. No significantly enlarged axillary, supraclavicular lymph node is seen. Corresponding to the chest radiograph opacity,there is consolidation in the lingular segment of the left upper lobe with presence of air bronchograms. There are patchy surrounding ground-glass changes within the same segment. More inferiorly the consolidated segment is more confluent with some low attenuation areas (image 4-57) and it abuts the mediastinal and costal pleura. A 3 mm ill-defined nodule in the lingula (image 6-47) is nonspecific. At the left lung apex posteriorly, a sub pleural opacity is seen probably representing post radiotherapy fibrosis (image 6-14). There are atelectatic changes in the anterior basal segment of the left lower lobe and dependent lower lobes. Small left pleural effusion is noted. There are few small volume nodes in the left paratracheal and AP window regions measuring up to 5 mm in short axis, which are below significant size threshold. Mild calcification of the coronary arteries noted. No pericardial effusion. In the visualised upper abdomen, there are multiple well-defined hypodense lesions, the larger ones are likely cyst whilst the smaller lesions are difficult to fully characterise. The visualised gallbladder shows sludge and possible tiny calculi. A few hypodense lesions are also noted in the kidneys which are too small to characterise but probably cysts. No destructive bony lesion seen. CONCLUSION Consolidation with surrounding ground-glass changes in the lingual, likely corresponds to the chest radiograph opacity. The appearances are more in favour of inflammatory/infective cause rather than neoplastic origin. Follow-up with chest x-ray in 4 - 6 weeks is advised to check for resolution after appropriate treatment. A tiny nodule in the lingula is nonspecific at this stage; attention on follow up suggested. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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