# Row 8620

Visit Number: 3d411dbbb827602fc82e34f64af77aa5ec43b26867dc9fd59c51883c3316f257

Masked\_PatientID: 8617

Order ID: 41709e35f7eabfa91607b848c929912af24292738bcebfe2fbfdcb8419677763

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/6/2015 11:11

Line Num: 1

Text: HISTORY admitted for atypical chest pain with exquisite sternal tenderness and raised inflammatory markers - ? underlying sternal pathology extensive cardiac hx (IHD, depressed EF, prev VT collapse, severe AS - post PCI/AICD/TAVI) underlying SLE (affecting ankle joints, leukopenia) - stable disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison was made with coronary angiogram of 03/06/2013. In the upper lobe of the left lung, a few ill-defined nodules are new. The largest of which measures 13 x 9 mm. There is no associated cavitation. Some atelectasis is seen in both lungs. There is small focus of pleural thickening adjacent to upper lobe of the right lung anteriorly. In the periphery of the right upper lobe, some post inflammatory changes are seen. There is no pulmonary consolidation or discrete nodule in the right lung. There is no pleural effusion. Surgical history of interim TAVI is noted. There are extensive coronary arterial calcification. The tip of the pacemaker lead lies in the right ventricle. The heart size is enlarged. No pericardial effusion is seen. The pulmonary trunk is dilated, suspicious for a pulmonaryarterial hypertension. No significantly enlarged axillary or mediastinal lymph node is seen. There few small calcifications in both breast are nonspecific on CT although the larger ones are likely benign. There is small gallstone. There are few bilateral thyroid nodules. The 8 mm one in the right thyroid lobe contains peripheral calcification. The 1.5 x 1.0 cm left thyroid nodule contains some coarser calcifications inferiorly. No destructive bony lesion is identified.CONCLUSION There are several new nodules in the left lung at the upper lobe. A few of these are associated with ill-defined margins. These are indeterminate in appearance with the main differential being infective/inflammatory aetiology (probably more likely) or metastases. Clinical correlation is advised. Dilatation of the pulmonary trunk is suggestive of pulmonary arterial hypertension. There are thyroid nodules and a few which contain calcifications. In view of the latter, further evaluation with thyroid ultrasound is suggested if these had not been assessed previously. Cholelithiasis. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 9c4627ea9d35ee3ad1e6f4ab1eb19e71e61c1bcdce2a835a5e6c7ee2f8fa4230

Updated Date Time: 07/6/2015 13:36

## Layman Explanation

This radiology report discusses HISTORY admitted for atypical chest pain with exquisite sternal tenderness and raised inflammatory markers - ? underlying sternal pathology extensive cardiac hx (IHD, depressed EF, prev VT collapse, severe AS - post PCI/AICD/TAVI) underlying SLE (affecting ankle joints, leukopenia) - stable disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison was made with coronary angiogram of 03/06/2013. In the upper lobe of the left lung, a few ill-defined nodules are new. The largest of which measures 13 x 9 mm. There is no associated cavitation. Some atelectasis is seen in both lungs. There is small focus of pleural thickening adjacent to upper lobe of the right lung anteriorly. In the periphery of the right upper lobe, some post inflammatory changes are seen. There is no pulmonary consolidation or discrete nodule in the right lung. There is no pleural effusion. Surgical history of interim TAVI is noted. There are extensive coronary arterial calcification. The tip of the pacemaker lead lies in the right ventricle. The heart size is enlarged. No pericardial effusion is seen. The pulmonary trunk is dilated, suspicious for a pulmonaryarterial hypertension. No significantly enlarged axillary or mediastinal lymph node is seen. There few small calcifications in both breast are nonspecific on CT although the larger ones are likely benign. There is small gallstone. There are few bilateral thyroid nodules. The 8 mm one in the right thyroid lobe contains peripheral calcification. The 1.5 x 1.0 cm left thyroid nodule contains some coarser calcifications inferiorly. No destructive bony lesion is identified.CONCLUSION There are several new nodules in the left lung at the upper lobe. A few of these are associated with ill-defined margins. These are indeterminate in appearance with the main differential being infective/inflammatory aetiology (probably more likely) or metastases. Clinical correlation is advised. Dilatation of the pulmonary trunk is suggestive of pulmonary arterial hypertension. There are thyroid nodules and a few which contain calcifications. In view of the latter, further evaluation with thyroid ultrasound is suggested if these had not been assessed previously. Cholelithiasis. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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