# Row 8667

Visit Number: ed1c56f83f015034306375f42a0fea85bc14803e54ebf84534be547d67baa1fe

Masked\_PatientID: 8648

Order ID: 99b64d3de0ad1e0b7483a986267c53cbb561933f88dedb30b039f96c4f88cc3f

Order Name: CT Thorax (Low Dose)

Result Item Code: CTCHELD

Performed Date Time: 08/9/2020 13:21

Line Num: 1

Text: HISTORY Multiple pulmonary nodules for surveillance TECHNIQUE Low-dose CT Thorax Protocol. FINDINGS Prior CT Chest, Abdomen and Thorax dated 6/8/2019 was reviewed. Bilateral scattered tiny lung nodules are again seen, largely stable without overtly suspicious features. For example: On the right, - right posterior apical 4mm nodule with central coarse calcification is stable, likely granuloma (Se3/23 vs prev Se401/20). Mild adjacent bronchial wall thickening is also again seen - right subpleural upper lobe 3mm nodule, stable (Se3/47 vs prev Se401/43) - right middle lobe 4 mm nodule, stable (Se3/58 vs prev Se401/55) - right lower lobe 3mm nodule, stable (Se3/52 vs prev Se401/48) On the left, - left lower lobe 3mm nodule, stable (Se3/69 vs prev Se401/63) - lower lower lobe subpleural 4mm nodule, stable (Se3/75 vs prev Se401/68) - left upper lobe posterior nodule 3mm nodule, stable (Se3/27 vs prev 401/25) Atelectatic changes are noted in the left lower lobe. No large consolidation or lung mass is seen. The central airways are patent. Cardiomegaly with a sliver of pericardial effusion is again seen. Marked aortic and coronary artery atherosclerotic calcifications are noted. Non-specific sub-centimeter hypodensities are seen in the thyroid, which is not enlarged. Prominent right interlobar and para-tracheal lymph nodes are seen, measuring up to 0.7 cm in short axis diameter, small-volume and non-specific. No suspicious large supraclavicular, axillary, hilar or mediastinal node is seen. No gross abnormality is detected in the visualized liver, spleen, gallbladder and bowel. No destructive bony lesion is seen. CONCLUSION Several non-specific small nodules in both lungs. Interval stability over a year (since August 2019) and generally small sizes of 3-4mm favor a benign etiology. No overtly suspicious pulmonary nodule or mass is seen. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: c8e69b1f6aab085b6721e18ea5f478b2a58657a7cc2ed358a2f53ca626415287

Updated Date Time: 17/9/2020 17:08

## Layman Explanation

This radiology report discusses HISTORY Multiple pulmonary nodules for surveillance TECHNIQUE Low-dose CT Thorax Protocol. FINDINGS Prior CT Chest, Abdomen and Thorax dated 6/8/2019 was reviewed. Bilateral scattered tiny lung nodules are again seen, largely stable without overtly suspicious features. For example: On the right, - right posterior apical 4mm nodule with central coarse calcification is stable, likely granuloma (Se3/23 vs prev Se401/20). Mild adjacent bronchial wall thickening is also again seen - right subpleural upper lobe 3mm nodule, stable (Se3/47 vs prev Se401/43) - right middle lobe 4 mm nodule, stable (Se3/58 vs prev Se401/55) - right lower lobe 3mm nodule, stable (Se3/52 vs prev Se401/48) On the left, - left lower lobe 3mm nodule, stable (Se3/69 vs prev Se401/63) - lower lower lobe subpleural 4mm nodule, stable (Se3/75 vs prev Se401/68) - left upper lobe posterior nodule 3mm nodule, stable (Se3/27 vs prev 401/25) Atelectatic changes are noted in the left lower lobe. No large consolidation or lung mass is seen. The central airways are patent. Cardiomegaly with a sliver of pericardial effusion is again seen. Marked aortic and coronary artery atherosclerotic calcifications are noted. Non-specific sub-centimeter hypodensities are seen in the thyroid, which is not enlarged. Prominent right interlobar and para-tracheal lymph nodes are seen, measuring up to 0.7 cm in short axis diameter, small-volume and non-specific. No suspicious large supraclavicular, axillary, hilar or mediastinal node is seen. No gross abnormality is detected in the visualized liver, spleen, gallbladder and bowel. No destructive bony lesion is seen. CONCLUSION Several non-specific small nodules in both lungs. Interval stability over a year (since August 2019) and generally small sizes of 3-4mm favor a benign etiology. No overtly suspicious pulmonary nodule or mass is seen. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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