# Row 8840

Visit Number: 7b9e71ccca9153a332aad960b1bb0622e1e0f58d75d1facb55bf8a3191838088

Masked\_PatientID: 8832

Order ID: 37789e65d0550e8156a877c8d91c0540b49f56cfa4a811c677e1dadaeaf96e97

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/2/2017 15:06

Line Num: 1

Text: HISTORY radiologically diagnosed sarcoidosis. for interval scan. TECHNIQUE Contrast enhanced CT scan of the thorax. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS The CT study of 5 August 2015 was reviewed. Multiple enlarged mediastinal and bilateral hilar lymph nodes are again noted, grossly symmetrical in distribution. The largest node is seen in the subcarinal region, measuring 4.2 x 2.5 cm and stable in size (15-34). Coarse calcifications are notedin several of these nodes. No enlarged supraclavicular or axillary lymph node is identified. No pulmonary nodule or mass is detected. No consolidation, septal thickening, bronchiectasis or honeycombing is evident. Scarring is noted at the lung apices, as well as the basal segments of the middle and right lower lobes. No pleural effusion is seen. The heart size is normal and no pericardial effusion is seen. The included upper abdomen is unremarkable. No destructive bony lesionis seen. CONCLUSION Fairly stable mediastinal and hilar lymphadenopathy, with symmetrical distribution and coarse calcifications, likely due to sarcoidosis. No suspicious pulmonary nodule or pulmonary fibrosis is demonstrated. Known / Minor Reported by: <DOCTOR>

Accession Number: 50a385e05b0d26911d40b6c2d67c8557c3fa7635abc2f6b4530b8a61ecc704ab

Updated Date Time: 02/2/2017 17:01

## Layman Explanation

This radiology report discusses HISTORY radiologically diagnosed sarcoidosis. for interval scan. TECHNIQUE Contrast enhanced CT scan of the thorax. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS The CT study of 5 August 2015 was reviewed. Multiple enlarged mediastinal and bilateral hilar lymph nodes are again noted, grossly symmetrical in distribution. The largest node is seen in the subcarinal region, measuring 4.2 x 2.5 cm and stable in size (15-34). Coarse calcifications are notedin several of these nodes. No enlarged supraclavicular or axillary lymph node is identified. No pulmonary nodule or mass is detected. No consolidation, septal thickening, bronchiectasis or honeycombing is evident. Scarring is noted at the lung apices, as well as the basal segments of the middle and right lower lobes. No pleural effusion is seen. The heart size is normal and no pericardial effusion is seen. The included upper abdomen is unremarkable. No destructive bony lesionis seen. CONCLUSION Fairly stable mediastinal and hilar lymphadenopathy, with symmetrical distribution and coarse calcifications, likely due to sarcoidosis. No suspicious pulmonary nodule or pulmonary fibrosis is demonstrated. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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