# Row 9122

Visit Number: 74f40dfc82460c219ed2e88202cf0624f29cb9bbaeeeb51b00a420f08f67f1a1

Masked\_PatientID: 9117

Order ID: 2cd97ec6778c5330f5b3eeca32b524c48aea46a4c99e1a941cc737319dd77a19

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/11/2018 14:10

Line Num: 1

Text: HISTORY Right supraclavicular Lymph node for Aspiration; 39y Male Behcet's disease 2/52 Right supraclavicular LN TECHNIQUE A contrast-enhanced scan of the thorax was acquired after the intravenous administration of 50ml of iodinated contrast Omnipaque 350. FINDINGS There are no prior relevant CT scans available for comparison. There is no pulmonary arterial aneurysm or abnormality of the central mediastinal vasculature. No subpleural alveolar/wedge-shaped densities are seen. No suspicious pulmonary nodule, mass or consolidation is detected. No pleural effusion is present. Small mediastinal, axillary and supraclavicular lymph nodes are probably reactive. The heart is normal in size. No pericardial effusion or calcification is seen. The limited sections of the upper abdomen in the arterial phase demonstrate diffuse hepatic steatosis. Cholecystectomy clips are seen. A bone island is seen in the right T4 vertebral body. No destructive bony lesions are seen. CONCLUSION 1. No pulmonary arterial aneurysm or abnormality of the central mediastinal vessels. No peripheral wedge-shaped or alveolar densities. No suspicious lymphadenopathy. 2. Other minor findings as described. Known / Minor Reported by: <DOCTOR>

Accession Number: 13a2b5c0a71f469e8fa03285fe94b4f065e8f89b8b777b2b60808ae0860a87cf

Updated Date Time: 27/11/2018 17:46

## Layman Explanation

This radiology report discusses HISTORY Right supraclavicular Lymph node for Aspiration; 39y Male Behcet's disease 2/52 Right supraclavicular LN TECHNIQUE A contrast-enhanced scan of the thorax was acquired after the intravenous administration of 50ml of iodinated contrast Omnipaque 350. FINDINGS There are no prior relevant CT scans available for comparison. There is no pulmonary arterial aneurysm or abnormality of the central mediastinal vasculature. No subpleural alveolar/wedge-shaped densities are seen. No suspicious pulmonary nodule, mass or consolidation is detected. No pleural effusion is present. Small mediastinal, axillary and supraclavicular lymph nodes are probably reactive. The heart is normal in size. No pericardial effusion or calcification is seen. The limited sections of the upper abdomen in the arterial phase demonstrate diffuse hepatic steatosis. Cholecystectomy clips are seen. A bone island is seen in the right T4 vertebral body. No destructive bony lesions are seen. CONCLUSION 1. No pulmonary arterial aneurysm or abnormality of the central mediastinal vessels. No peripheral wedge-shaped or alveolar densities. No suspicious lymphadenopathy. 2. Other minor findings as described. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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