# Row 9609

Visit Number: 8c31f6d0244bc3916a45e363a409f9f0bdfb33b93e3db105659825191abd7b41

Masked\_PatientID: 9608

Order ID: a76fe4fd294d4bdc2aeb83e387578b9703ecf69e5e54020837e15916e8da1bb7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 05/4/2018 20:15

Line Num: 1

Text: HISTORY newly diagnosed AML. 10 mm nodular lesion in the retrocardiac left lower zone - noted on CXR ?significance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chest radiograph of 4 April 2018 was noted. Patchy air-space opacities (predominantly ground-glass with smaller areas of focal consolidation) are seen in both lungs, most evident in the right upper lobe. Scattered small nodules, some clustered, are also seen, mostly in the right lung. These favour an infectious or inflammatory aetiology. The appearance on the prior chest radiograph is likely due to a combination or air-space changes and atelectasis. Plate atelectasis is also evident bilaterally. Small bilateral pleural effusions are seen. Major airways are patent. A few prominent to borderline enlarged mediastinal and bilateral hilar lymph nodes are seen, measuring up to about 1 cm in the lower left paratracheal region (402-35) and right hilum (402-39). Heart is mildly enlarged. There is no pericardial effusion. Atherosclerotic calcification is seen in the aorta and coronary arteries. The right central venous catheter tip is in the superior vena cava. Multiple splenic cystic lesions, some with peripheral calcifications, are of doubtful clinical significance. Spleen is top normal in size (12 cm). In the partially visualised liver, 2 left hepatic lobe cysts are seen, measuring up to 1.8 x 1.9 cm in segment III (402-92). No gross upper abdominal lymphadenopathy seen. No destructive bony lesion detected. CONCLUSION Patchy bilateral air-space opacities with scattered nodularity, worse in the right lung, favour an infectious or inflammatory aetiology. Follow-up imaging to confirm resolution with treatment suggested. Prominent to borderline enlarged mediastinal and hilar lymph nodes are presumably reactive. Small bilateral pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: 135dd05d780cd2eb82087185f98efb3ecd527d7f49dc65d138abceae9dcfb324

Updated Date Time: 06/4/2018 11:16

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed AML. 10 mm nodular lesion in the retrocardiac left lower zone - noted on CXR ?significance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chest radiograph of 4 April 2018 was noted. Patchy air-space opacities (predominantly ground-glass with smaller areas of focal consolidation) are seen in both lungs, most evident in the right upper lobe. Scattered small nodules, some clustered, are also seen, mostly in the right lung. These favour an infectious or inflammatory aetiology. The appearance on the prior chest radiograph is likely due to a combination or air-space changes and atelectasis. Plate atelectasis is also evident bilaterally. Small bilateral pleural effusions are seen. Major airways are patent. A few prominent to borderline enlarged mediastinal and bilateral hilar lymph nodes are seen, measuring up to about 1 cm in the lower left paratracheal region (402-35) and right hilum (402-39). Heart is mildly enlarged. There is no pericardial effusion. Atherosclerotic calcification is seen in the aorta and coronary arteries. The right central venous catheter tip is in the superior vena cava. Multiple splenic cystic lesions, some with peripheral calcifications, are of doubtful clinical significance. Spleen is top normal in size (12 cm). In the partially visualised liver, 2 left hepatic lobe cysts are seen, measuring up to 1.8 x 1.9 cm in segment III (402-92). No gross upper abdominal lymphadenopathy seen. No destructive bony lesion detected. CONCLUSION Patchy bilateral air-space opacities with scattered nodularity, worse in the right lung, favour an infectious or inflammatory aetiology. Follow-up imaging to confirm resolution with treatment suggested. Prominent to borderline enlarged mediastinal and hilar lymph nodes are presumably reactive. Small bilateral pleural effusions. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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