# Row 1383

Visit Number: 801db1f70b57c0ea9e2d7c426aa920ab700ac8979c53e42397c90bf7026ba348

Masked\_PatientID: 1376

Order ID: b124153a84be908ae5d712f1dd8d4f73377b68aa1a796d953b96a326ac00e4b7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/8/2018 14:05

Line Num: 1

Text: HISTORY Organising pneumonia . Improved with prednisolone To follow up on LLL nodule TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 15/2/2018 The patient is status post left mastectomy. No gross mass seen a surgical bed to suggest local recurrence. Status post left lower lobectomy. Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show significant interval improvement. Small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring (e.g. 5-61). There remains moderately extensive bronchial wall thickening and centrilobular, tree in bud nodules in the remaining left left lung, particularly at the basal region. Biapical scarring, worse on the left - which could be related to previous radiotherapy. No significant enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Stable small volume mediastinal nodes. Small calcified subcarinal node. The heart is not enlarged. There is no pericardial effusion. Previously seen small bilateral pleural effusions have resolved. Aberrant origin of the right subclavian artery noted. Stable 11 x 9 mm nodule arising from the medial limb of the left adrenal gland, indeterminate (4-82). Bony bridge seen between the lateral left sixth and seventh ribs. No destructive bony lesion. CONCLUSION Since the 15th of Feb 2018, Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show near complete resolution apart from small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring, not present on the Feb 2018 scan. There remains moderately extensive small airway infective or inflammatory changes in the remaining left lung. Status post left mastectomy. No definite evidence of local recurrence or metastatic disease. Stable indeterminate left adrenal nodule. Known / Minor Finalised by: <DOCTOR>

Accession Number: 441ee716075793dbc1ea24e3f5935b757bc97a2b2c2c0e28acfc33b84e91dbf2

Updated Date Time: 02/8/2018 14:53

## Layman Explanation

This radiology report discusses HISTORY Organising pneumonia . Improved with prednisolone To follow up on LLL nodule TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 15/2/2018 The patient is status post left mastectomy. No gross mass seen a surgical bed to suggest local recurrence. Status post left lower lobectomy. Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show significant interval improvement. Small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring (e.g. 5-61). There remains moderately extensive bronchial wall thickening and centrilobular, tree in bud nodules in the remaining left left lung, particularly at the basal region. Biapical scarring, worse on the left - which could be related to previous radiotherapy. No significant enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Stable small volume mediastinal nodes. Small calcified subcarinal node. The heart is not enlarged. There is no pericardial effusion. Previously seen small bilateral pleural effusions have resolved. Aberrant origin of the right subclavian artery noted. Stable 11 x 9 mm nodule arising from the medial limb of the left adrenal gland, indeterminate (4-82). Bony bridge seen between the lateral left sixth and seventh ribs. No destructive bony lesion. CONCLUSION Since the 15th of Feb 2018, Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show near complete resolution apart from small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring, not present on the Feb 2018 scan. There remains moderately extensive small airway infective or inflammatory changes in the remaining left lung. Status post left mastectomy. No definite evidence of local recurrence or metastatic disease. Stable indeterminate left adrenal nodule. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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