# Row 1670

Visit Number: bf93cbd8ef4fb0144ca8745ada6794aa3edf0fc47904714c1c5eda3b743f2890

Masked\_PatientID: 1661

Order ID: 968a2dbc78554d67dc5486ef07b0b851cd132f8b32c0cd2417e26d27f8548722

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/2/2020 18:40

Line Num: 1

Text: HISTORY Sigmoid colon mitotic lesion for workup. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT chest available. Note is made of CT colon of 15/1/2020. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. Heart size is mildly enlarged with prosthetic aortic valve, coronary and aortic calcifications. No pericardial pleural effusion. Stable tiny calcified granulomata in right lower lobe. No lung mass or sinister nodule is seen. An apparent 4 mm focus in the anterior right apex (6-25, 7-53) appears flat on coronal view. A tiny ill-defined 2-3 mm nodule in the posterior aspect of the middle lobe (6-62) is noted stable since KPTH CT of 22/1/2018 (3-8). There is no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Lung perfusion is normal bilaterally. Limited sections of the upper abdomen are unremarkable apart from a stable small hypodensity in liver segment 2 and 6 mm focal bulge at the lateral limb of the right adrenal gland (5-102), non-specific. No destructive bony lesion is seen. CONCLUSION 1. No convincing metastasis seen in the thorax. There is no pleural effusion or lymphadenopathy. 2. Stable tiny ill-defined 2-3mm nodule in middle lobe stable since Jan 2018, possibly inflammatory. 3. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 0fbc91f45e3aa01e0222a526f82fff0e69c4070432115f01e0fb4ce5ee3d57c0

Updated Date Time: 24/2/2020 10:37

## Layman Explanation

This radiology report discusses HISTORY Sigmoid colon mitotic lesion for workup. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT chest available. Note is made of CT colon of 15/1/2020. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. Heart size is mildly enlarged with prosthetic aortic valve, coronary and aortic calcifications. No pericardial pleural effusion. Stable tiny calcified granulomata in right lower lobe. No lung mass or sinister nodule is seen. An apparent 4 mm focus in the anterior right apex (6-25, 7-53) appears flat on coronal view. A tiny ill-defined 2-3 mm nodule in the posterior aspect of the middle lobe (6-62) is noted stable since KPTH CT of 22/1/2018 (3-8). There is no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. Major airways are patent. Lung perfusion is normal bilaterally. Limited sections of the upper abdomen are unremarkable apart from a stable small hypodensity in liver segment 2 and 6 mm focal bulge at the lateral limb of the right adrenal gland (5-102), non-specific. No destructive bony lesion is seen. CONCLUSION 1. No convincing metastasis seen in the thorax. There is no pleural effusion or lymphadenopathy. 2. Stable tiny ill-defined 2-3mm nodule in middle lobe stable since Jan 2018, possibly inflammatory. 3. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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