# Row 1798

Visit Number: 76ec39ef894d91be6572264c6edc0b090954f7a2a33ddefca60b849e4e7c0ad2

Masked\_PatientID: 1787

Order ID: c2a6311e153573dcdb3d4c30b4138aeb8f0c4bb686d08b98e80250f212a41a2f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/1/2016 8:52

Line Num: 1

Text: HISTORY Routine CXR showed mass lesion in right pericardiac region. Needs CT for evaluation TECHNIQUE Contrast enhanced scans of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The chest radiographof 26 October 2015 was reviewed. CT confirms the presence of a well-circumscribed slightly heterogeneous 8.7 x 7.1 x 8.8 cm mass at the right side of the anterior mediastinum, abutting the right atrium, ascending aorta, right superior pulmonary vein and superior vena cava (04-49 and 08-67). No macroscopic fat or calcification is seen within this mass. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected, although a few prominent bilateral axillary lymph nodes are seen. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. No suspicious pulmonary nodule or consolidation is detected. The central airways are patent. No pleural effusion is seen. The limited sections of the upper abdomen appear unremarkable. There is a mild anterior wedging of the T12 vertebral body, suspicious for a mild compression fracture (8-30). CONCLUSION 1. Right-side 8.7 x 7.1 x 8.8 cm anterior mediastinal mass, without macroscopic fat or internal calcification. Differential considerations include germ cell tumour and lymphoma. No significantly enlarged lymph node, suspicious pulmonary nodule or pleural effusion seen. 2. Mild T12 wedge compression fracture. May need further action Finalised by: <DOCTOR>

Accession Number: 6123d3c88ea8df4409445672bf50f554cde0e09676bd0b32048fbf2ea88a17dc

Updated Date Time: 14/1/2016 9:46

## Layman Explanation

This radiology report discusses HISTORY Routine CXR showed mass lesion in right pericardiac region. Needs CT for evaluation TECHNIQUE Contrast enhanced scans of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The chest radiographof 26 October 2015 was reviewed. CT confirms the presence of a well-circumscribed slightly heterogeneous 8.7 x 7.1 x 8.8 cm mass at the right side of the anterior mediastinum, abutting the right atrium, ascending aorta, right superior pulmonary vein and superior vena cava (04-49 and 08-67). No macroscopic fat or calcification is seen within this mass. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected, although a few prominent bilateral axillary lymph nodes are seen. The mediastinal vessels opacify normally. The heart is normal in size. No pericardial effusion is seen. No suspicious pulmonary nodule or consolidation is detected. The central airways are patent. No pleural effusion is seen. The limited sections of the upper abdomen appear unremarkable. There is a mild anterior wedging of the T12 vertebral body, suspicious for a mild compression fracture (8-30). CONCLUSION 1. Right-side 8.7 x 7.1 x 8.8 cm anterior mediastinal mass, without macroscopic fat or internal calcification. Differential considerations include germ cell tumour and lymphoma. No significantly enlarged lymph node, suspicious pulmonary nodule or pleural effusion seen. 2. Mild T12 wedge compression fracture. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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