# Row 1829

Visit Number: 5b6390063c5840d9fa68fee319c1161e594cb7e29f2c617347564a0367392468

Masked\_PatientID: 1829

Order ID: df4f80aa1d1ca7ce229555f3e9ff8ea53ffb2859a462c92d735bfe04f4e9af7f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/4/2017 9:32

Line Num: 1

Text: HISTORY newly diagnosed HOP likely CA for staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT thorax available. Note is made of recent CTAP of 13/4/2017 and MRCP of 15/4/2017. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. Atelectasis is noted in both lung bases. There is no interstitial fibrosis, bronchiectasis or emphysema. A small 9 mm nodular focus of soft tissue with a speck of hypodensity (401-54, 405-36) in the proximal right lower lobar bronchus may be due to inspissated mucus containing tiny air pocket. A similar focus which appears strand-like is also seen in the distal left main bronchus (401-48, 405-36). No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Atherosclerotic disease of the thoracic aorta is noted with eccentric thrombus at the distal aortic arch. Heart size is not enlarged. No pericardial or pleural effusion is seen. Limited sections of the upper abdomen again show biliary and pancreatic duct dilatation with a nodular bulge at the pancreatic head in keeping with the given history. There is also no change of the small pseudocyst at the pancreatic tail. No destructive bony lesion is seen. CONCLUSION 1. No distant metastasis detected in the thorax. 2. The findings in the airways are likely due to mucus secretions. 3. Other findings are as described. Known / Minor Finalised by: <DOCTOR>

Accession Number: efd47d2b4a911de273ea3001b4ad5ebf21a82f4eaedada2d653037eaaee2c80c

Updated Date Time: 19/4/2017 10:55

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed HOP likely CA for staging TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT thorax available. Note is made of recent CTAP of 13/4/2017 and MRCP of 15/4/2017. No lung mass or sinister nodule is noted. There are no consolidation or ground-glass changes. Atelectasis is noted in both lung bases. There is no interstitial fibrosis, bronchiectasis or emphysema. A small 9 mm nodular focus of soft tissue with a speck of hypodensity (401-54, 405-36) in the proximal right lower lobar bronchus may be due to inspissated mucus containing tiny air pocket. A similar focus which appears strand-like is also seen in the distal left main bronchus (401-48, 405-36). No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Atherosclerotic disease of the thoracic aorta is noted with eccentric thrombus at the distal aortic arch. Heart size is not enlarged. No pericardial or pleural effusion is seen. Limited sections of the upper abdomen again show biliary and pancreatic duct dilatation with a nodular bulge at the pancreatic head in keeping with the given history. There is also no change of the small pseudocyst at the pancreatic tail. No destructive bony lesion is seen. CONCLUSION 1. No distant metastasis detected in the thorax. 2. The findings in the airways are likely due to mucus secretions. 3. Other findings are as described. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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