# Row 2210

Visit Number: 3b65e927a46638f84b67884b7a7f977fd0a6dcbdc53db960e997a7ad5d07d909

Masked\_PatientID: 2210

Order ID: 3b86f9f61062d0316ed673348f1289de8a99e2c6e1437e017f95e1262e046fec

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/12/2017 19:07

Line Num: 1

Text: HISTORY Poor appetite and loss of weight for past 2 years TRO underlying malignancy CT-thorax in view of raised right hemidiaphragm TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Positive Oral Contrast FINDINGS There are no prior relevant scans available for comparison. There is a 1.7 x 1.3 cm nodule in the medial left breast with irregular margins (201-43). This is indeterminate and further workup is suggested. Scattered calcifications in both breasts are nonspecific. No suspicious pulmonary nodule consolidation is seen in the lungs. Minor atelectasis noted in the lung bases. Within limits of this unenhanced scan there is no significant enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is not enlarged. There is no pericardial or pleural effusion. Heterogeneous of the appearance of the thyroid gland with multiple hypodense nodules could be related to multi nodular goitre. No gross contour deforming mass seen in the unenhanced liver, spleen, various gallbladder, adrenal glands or kidneys. Mild symmetrical perinephric fluid is nonspecific. Bowel loops are normal calibre. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. Uterus and both ovaries appear grossly normal. Urinary bladder is well distended with smooth border. No destructive bony lesion. . CONCLUSION 1. There is an irregular nodule in the medial left breast for which triple assessment should be performed. 2. No gross mass detected in the thorax, abdomen or pelvis Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 78db4d33216adee9dde623ae55753c1bc262308966e32f043a6a1340974cb883

Updated Date Time: 14/12/2017 9:35

## Layman Explanation

This radiology report discusses HISTORY Poor appetite and loss of weight for past 2 years TRO underlying malignancy CT-thorax in view of raised right hemidiaphragm TECHNIQUE Scans of the thorax, abdomen and pelvis were acquired after the administration of Positive Oral Contrast FINDINGS There are no prior relevant scans available for comparison. There is a 1.7 x 1.3 cm nodule in the medial left breast with irregular margins (201-43). This is indeterminate and further workup is suggested. Scattered calcifications in both breasts are nonspecific. No suspicious pulmonary nodule consolidation is seen in the lungs. Minor atelectasis noted in the lung bases. Within limits of this unenhanced scan there is no significant enlarged mediastinal, hilar, supraclavicular or axillary lymph node. The heart is not enlarged. There is no pericardial or pleural effusion. Heterogeneous of the appearance of the thyroid gland with multiple hypodense nodules could be related to multi nodular goitre. No gross contour deforming mass seen in the unenhanced liver, spleen, various gallbladder, adrenal glands or kidneys. Mild symmetrical perinephric fluid is nonspecific. Bowel loops are normal calibre. There is no enlarged abdominal or pelvic lymph node. There is no free intraperitoneal fluid. Uterus and both ovaries appear grossly normal. Urinary bladder is well distended with smooth border. No destructive bony lesion. . CONCLUSION 1. There is an irregular nodule in the medial left breast for which triple assessment should be performed. 2. No gross mass detected in the thorax, abdomen or pelvis Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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