# Row 2534

Visit Number: 21b5086394676c3cfbf4216f585de0441b0f198d200c85bfd9f3cbd83cb5ca65

Masked\_PatientID: 2532

Order ID: 4c12b19de9bb1b46640e386c80c0beb7be4d07ef8e75a97dac57cf3a497c827c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/10/2020 12:49

Line Num: 1

Text: HISTORY Treated Presumptive TB lymphadenopathy - CT TAP 24/7/20: multiple calcified mediastinal, L supraclavicular and L axillary nodes. - treated since Aug 2020, for interval progress; ESRF on HD 135 has perm cath TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Omnipaque 350 50ml FINDINGS Comparison made to prior CT study of 24 July 2020. Right internal jugular hemodialysis catheter is seen with the tip in the right atrium. Multiple left axillaryand left supraclavicular lymph nodes with coarse calcification again noted. Many of them show interval decrease in size, for example: -left axilla (1.0 cm) (series 6, image 27) vs (1.6 cm) (series 5, image 19, 24/07/2020) - left supraclavicular (1.2 cm) (series 6, image 16) vs (1.6 cm) (series 5, image 8, 24/07/2020) There also small calcified right hilar and subcarinal nodes, likely the sequelae of previous chronic granulomatous infection. No new intrathoracic adenopathy detected. Mild fibrocalcific scarring in the right upper lobe apex. No suspicious nodule or consolidation seen. No bronchiectasis. Central airways are patent. Interval resolution of previously seen small left pleural effusion. The heart is not enlarged. Minimal pericardial fluid. Stable small hypodensity in the right thyroid lobe is nonspecific. Limited sections of the upper abdomen reveal atrophied left kidney. There is no destructive bony lesion. CONCLUSION Interval decrease in size of the previously noted enlarged calcified left axillary and left supraclavicular lymph nodes. No new adenopathy or infective lung changes detected. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 04bd6351ce16c6a49fad5f27622fb684596eaa256aa370db08d9ef0aaa58dbe8

Updated Date Time: 15/10/2020 15:00

## Layman Explanation

This radiology report discusses HISTORY Treated Presumptive TB lymphadenopathy - CT TAP 24/7/20: multiple calcified mediastinal, L supraclavicular and L axillary nodes. - treated since Aug 2020, for interval progress; ESRF on HD 135 has perm cath TECHNIQUE Scans acquiredas per department protocol. Intravenous contrast: Omnipaque 350 50ml FINDINGS Comparison made to prior CT study of 24 July 2020. Right internal jugular hemodialysis catheter is seen with the tip in the right atrium. Multiple left axillaryand left supraclavicular lymph nodes with coarse calcification again noted. Many of them show interval decrease in size, for example: -left axilla (1.0 cm) (series 6, image 27) vs (1.6 cm) (series 5, image 19, 24/07/2020) - left supraclavicular (1.2 cm) (series 6, image 16) vs (1.6 cm) (series 5, image 8, 24/07/2020) There also small calcified right hilar and subcarinal nodes, likely the sequelae of previous chronic granulomatous infection. No new intrathoracic adenopathy detected. Mild fibrocalcific scarring in the right upper lobe apex. No suspicious nodule or consolidation seen. No bronchiectasis. Central airways are patent. Interval resolution of previously seen small left pleural effusion. The heart is not enlarged. Minimal pericardial fluid. Stable small hypodensity in the right thyroid lobe is nonspecific. Limited sections of the upper abdomen reveal atrophied left kidney. There is no destructive bony lesion. CONCLUSION Interval decrease in size of the previously noted enlarged calcified left axillary and left supraclavicular lymph nodes. No new adenopathy or infective lung changes detected. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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