# Row 2666

Visit Number: a43dbe2499c3ba920295f20dd6e7d0af2f5ac0340b423b6de505dd00e588e033

Masked\_PatientID: 2647

Order ID: 95c86884dd7b4b7c0c7aefa355f0fb4119cf62c6cd71df82f5e870e4c5b147fc

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/4/2019 10:44

Line Num: 1

Text: HISTORY Recurrence HCC on RFA. Incidental right upper lobe GOO on surveillance TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 29 November 2018. There is again a 2.1 x 1.9 cm ground-glass opacity in the subpleural aspect of the right upper lobe (series 5 image 27). This is unchanged in size. It again shows a 5 x 3 mm solid component in its superior aspect (series 8 image 22). This is also unchanged in size. No other ground-glass opacity is identified. No solid pulmonary nodule is seen to suggest a pulmonary metastasis. Mild bronchiectasis is seen in the left lower lobe. No enlarged lymph node is identified in the mediastinum and pulmonary hila. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show multiple surgical clips in the dome of the right lobe of the liver. There is also a 3.4 x 2.5 cm hypodense lesion in the subcapsular aspect of segment 6 of the liver (series 5 image 95), consistent with a zone of radiofrequency ablation. A subcentimetre hypodense lesion adjacent to the ablation zone (series 5 image 96) may represent a small cyst. Degenerative changesare seen in the spine and glenohumeral joints. CONCLUSION The ground-glass opacity in the right upper lobe is unchanged in size and appearance. A subcentimetre solid component within the opacity is also unchanged in size. Suggest continued CT follow-up. Report Indicator: Known \ Minor Finalised by: <DOCTOR>

Accession Number: 0d449da6d2eb3012255536c6e91914880a5768d044a71fad90d241be4e78ee8d

Updated Date Time: 02/4/2019 11:33

## Layman Explanation

This radiology report discusses HISTORY Recurrence HCC on RFA. Incidental right upper lobe GOO on surveillance TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 29 November 2018. There is again a 2.1 x 1.9 cm ground-glass opacity in the subpleural aspect of the right upper lobe (series 5 image 27). This is unchanged in size. It again shows a 5 x 3 mm solid component in its superior aspect (series 8 image 22). This is also unchanged in size. No other ground-glass opacity is identified. No solid pulmonary nodule is seen to suggest a pulmonary metastasis. Mild bronchiectasis is seen in the left lower lobe. No enlarged lymph node is identified in the mediastinum and pulmonary hila. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show multiple surgical clips in the dome of the right lobe of the liver. There is also a 3.4 x 2.5 cm hypodense lesion in the subcapsular aspect of segment 6 of the liver (series 5 image 95), consistent with a zone of radiofrequency ablation. A subcentimetre hypodense lesion adjacent to the ablation zone (series 5 image 96) may represent a small cyst. Degenerative changesare seen in the spine and glenohumeral joints. CONCLUSION The ground-glass opacity in the right upper lobe is unchanged in size and appearance. A subcentimetre solid component within the opacity is also unchanged in size. Suggest continued CT follow-up. Report Indicator: Known \ Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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