# Row 2663

Visit Number: 91d1cf82384fb1a37d0cbefb98cf76f611310c25bc989327ecc334ab441f6417

Masked\_PatientID: 2647

Order ID: 4f36c3e6fdca40f8a1addf6874b56c38930e7ee62da6785908eaa1cbc89a9ad5

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 14/8/2019 9:59

Line Num: 1

Text: HISTORY HCC with GGO TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 70 FINDINGS Comparison was made to the prior CT studies dated 2 May 2019 and 18 March 2019. THORAX The 2.2 x 1.7 cm part solid nodule in the right upper lobe is stable in size (12-25). The solid component in the superior aspect is also stable at 0.5 x 0.4 cm (20 01-28). No discrete solid pulmonary nodule is detected. No significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. The mediastinal vessels opacify normally. The heart is not enlarged. No pericardial or pleural effusion is seen. ABDOMEN Postsurgical changes are again noted at the right hepatic dome. The segment VI completion cavity shows no suspicious enhancement. There is again background patchy heterogeneous enhancement at the lateral aspect of the right hepatic lobe which could be related to previous radioembolisation. The previously noted hypervascular lesions adjacent to the ablation zone and in inferior segment VI are not visualized. The portal veins, middle and left hepatic veins opacify normally. The right hepatic vein is again not well seen. The spleen is not enlarged measuring 8.8 cm in craniocaudal dimension. The gallbladder has been removed. The pancreas and the kidneys are unremarkable. Mild low density nodularity of the adrenal glands is stable and nonspecific. The imaged sections of the bowel loops are of normal calibre. No significantly enlarged intra-abdominal lymph node is seen. No ascites. No destructive bony process. CONCLUSION Stable part solid pulmonary nodule in the right upper lobe with stable size of the subcentimetre solid component. Follow-up is suggested. The previously noted hypervascular lesions adjacent to the ablation zone and in the inferior aspect of segment VI of the liver are not visualized separately from the background patchy heterogeneous parenchymal enhancement. No new arterial enhancing lesion with washout is detected. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 89c5b13cc842ff90e48bcd1b94983d727636f75a7e21085726d08cfcb7e9b958

Updated Date Time: 14/8/2019 14:47

## Layman Explanation

This radiology report discusses HISTORY HCC with GGO TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 70 FINDINGS Comparison was made to the prior CT studies dated 2 May 2019 and 18 March 2019. THORAX The 2.2 x 1.7 cm part solid nodule in the right upper lobe is stable in size (12-25). The solid component in the superior aspect is also stable at 0.5 x 0.4 cm (20 01-28). No discrete solid pulmonary nodule is detected. No significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node is seen. The mediastinal vessels opacify normally. The heart is not enlarged. No pericardial or pleural effusion is seen. ABDOMEN Postsurgical changes are again noted at the right hepatic dome. The segment VI completion cavity shows no suspicious enhancement. There is again background patchy heterogeneous enhancement at the lateral aspect of the right hepatic lobe which could be related to previous radioembolisation. The previously noted hypervascular lesions adjacent to the ablation zone and in inferior segment VI are not visualized. The portal veins, middle and left hepatic veins opacify normally. The right hepatic vein is again not well seen. The spleen is not enlarged measuring 8.8 cm in craniocaudal dimension. The gallbladder has been removed. The pancreas and the kidneys are unremarkable. Mild low density nodularity of the adrenal glands is stable and nonspecific. The imaged sections of the bowel loops are of normal calibre. No significantly enlarged intra-abdominal lymph node is seen. No ascites. No destructive bony process. CONCLUSION Stable part solid pulmonary nodule in the right upper lobe with stable size of the subcentimetre solid component. Follow-up is suggested. The previously noted hypervascular lesions adjacent to the ablation zone and in the inferior aspect of segment VI of the liver are not visualized separately from the background patchy heterogeneous parenchymal enhancement. No new arterial enhancing lesion with washout is detected. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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