# Row 3113

Visit Number: 978dd2e88200472396a7f53d643c9bf6ef8ba7f981d6d515cc9eaf1caabe4eb5

Masked\_PatientID: 3112

Order ID: 12c0201c69a6a292b9350a54b00441be614c3af8870b539c325e8c95eee56814

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/5/2016 9:11

Line Num: 1

Text: HISTORY newly diagnosed cholangioCA for staging TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No pulmonary nodule or mass is seen to suggest a metastasis. There are thickened iintralobular septa in the subpleural aspect of the lungs, associated with ‘honeycombing’ and traction bronchiectasis. This is worse in the extreme lung bases, especially on the right. This is consistent with mild interstitiallung disease (usual interstitial pneumonia). There are several mildly enlarged lymph nodes in the mediastinum, bilateral pulmonary hila and lower lobar regions, the largest node measuring 2.5 x 1.9 cm and located in the left pulmonary hilum (series 4 image 46). These nodes may be reactive or metastatic in aetiology. No supraclavicular lymphadenopathy is detected. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show a moderately dilated biliary tree down to the level of the common hepatic duct where there is a hyperdense lesion consistent with the given history of a cholangiocarcinoma. Several subcentimetre calcified calculi are also seen in the gallbladder and cystic duct. No skeletal metastasis is seen. CONCLUSION No pulmonary metastasis is detected. There are mildly enlarged lymph nodes in the thorax, possibly reactive or metastatic in aetiology. There is evidence of a mild interstitial lung disease (usual interstitial pneumonia). May need further action Finalised by: <DOCTOR>

Accession Number: 692256e4856629685a99f769932cf8df7f588cc965872654bd8ed13e0ad5e860

Updated Date Time: 01/5/2016 9:38

## Layman Explanation

This radiology report discusses HISTORY newly diagnosed cholangioCA for staging TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No pulmonary nodule or mass is seen to suggest a metastasis. There are thickened iintralobular septa in the subpleural aspect of the lungs, associated with ‘honeycombing’ and traction bronchiectasis. This is worse in the extreme lung bases, especially on the right. This is consistent with mild interstitiallung disease (usual interstitial pneumonia). There are several mildly enlarged lymph nodes in the mediastinum, bilateral pulmonary hila and lower lobar regions, the largest node measuring 2.5 x 1.9 cm and located in the left pulmonary hilum (series 4 image 46). These nodes may be reactive or metastatic in aetiology. No supraclavicular lymphadenopathy is detected. There is no pleural or pericardial effusion. Limited sections of the upper abdomen show a moderately dilated biliary tree down to the level of the common hepatic duct where there is a hyperdense lesion consistent with the given history of a cholangiocarcinoma. Several subcentimetre calcified calculi are also seen in the gallbladder and cystic duct. No skeletal metastasis is seen. CONCLUSION No pulmonary metastasis is detected. There are mildly enlarged lymph nodes in the thorax, possibly reactive or metastatic in aetiology. There is evidence of a mild interstitial lung disease (usual interstitial pneumonia). May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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