# Row 4095

Visit Number: 2a92cf36b028684f2516694134aa64beae008e88907b28b0f73fb78746977926

Masked\_PatientID: 4094

Order ID: c398a48afcb65788921ee06a725f1de3c8492f516f21de33d86b220ef928ef65

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/8/2020 10:20

Line Num: 1

Text: HISTORY To further evaluate new right suprahilar lung lesion noted on CXR Background COPD (GOLD D) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous chest radiograph dated 12 August 2020 and CT chest dated 11 February 2019 (KTPH) were reviewed. Background extensive emphysematous changes with hyperinflation of the lungs. In the superior segment of the right lower lobe where scarring with calcified granulomas was seen on prior CT, there is a new soft tissue density measuring (2.5 cm x 1.8 cm) (series 4, image 47) (series 32081, image 15), with some calcified nodules at its periphery. It extends towards the right oblique fissure which shows nodular thickening, and there is also focal pleural thickening posterior to the density. A 0.4 cm triangular-shaped nodule in the left upper lobe is nonspecific (4/43). Trachea and central airways are patent. No pleural effusion. Multiple small volume mediastinal and axillary nodes are nonspecific. No supraclavicular or hilar lymphadenopathy. Imaged thyroid gland is not enlarged. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. In the limited sections of the upper abdomen, several bilobar hepatic hypodensities are seen, larger ones near the right hepatic dome are probably cysts while the subcentimetre ones are too small to accurately characterise. No destructive bony lesion. CONCLUSION Since CT dated 11 Feb 2019: 1. New irregular density in the superior segment of the right lower lobe abutting the slightly thickened and nodular right oblique fissure. This is indeterminate, and underlying neoplasm is aconcern. Consider histological confirmation. 2. No intrathoracic lymphadenopathy, although there are multiple small volume mediastinal nodes which are strictly non-specific. 3. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 6d49d53c88d1059225f6b2a4ce7c77a4d023ddccb05d648012d2084ba0e6f008

Updated Date Time: 14/8/2020 11:26

## Layman Explanation

This radiology report discusses HISTORY To further evaluate new right suprahilar lung lesion noted on CXR Background COPD (GOLD D) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous chest radiograph dated 12 August 2020 and CT chest dated 11 February 2019 (KTPH) were reviewed. Background extensive emphysematous changes with hyperinflation of the lungs. In the superior segment of the right lower lobe where scarring with calcified granulomas was seen on prior CT, there is a new soft tissue density measuring (2.5 cm x 1.8 cm) (series 4, image 47) (series 32081, image 15), with some calcified nodules at its periphery. It extends towards the right oblique fissure which shows nodular thickening, and there is also focal pleural thickening posterior to the density. A 0.4 cm triangular-shaped nodule in the left upper lobe is nonspecific (4/43). Trachea and central airways are patent. No pleural effusion. Multiple small volume mediastinal and axillary nodes are nonspecific. No supraclavicular or hilar lymphadenopathy. Imaged thyroid gland is not enlarged. Heart size is normal. Mediastinal structures opacify satisfactorily. No significant pericardial effusion. In the limited sections of the upper abdomen, several bilobar hepatic hypodensities are seen, larger ones near the right hepatic dome are probably cysts while the subcentimetre ones are too small to accurately characterise. No destructive bony lesion. CONCLUSION Since CT dated 11 Feb 2019: 1. New irregular density in the superior segment of the right lower lobe abutting the slightly thickened and nodular right oblique fissure. This is indeterminate, and underlying neoplasm is aconcern. Consider histological confirmation. 2. No intrathoracic lymphadenopathy, although there are multiple small volume mediastinal nodes which are strictly non-specific. 3. Other findings as described above. 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.