# Row 4756

Visit Number: 32df1ce22852a9fbff74f926c21f86fd70c84d6ceb064c5daa18e5d23025750e

Masked\_PatientID: 4744

Order ID: 95f8f33505f2b8dc3468815c922547979306a9270b1d3da1d2c78d11ebba7d55

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/1/2019 15:44

Line Num: 1

Text: HISTORY right lung lower lobe pT1a CA s/p R vats lower lobe wedge resection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT CHEST Comparison is made with CT study of 20 July 2018 and FDG PET/CT study of 20 September 2018. The patient has undergone interval right lower lobe wedge resection with post-surgical changes seen at the surgical bed as well as a small right pleural effusion. No new suspicious pulmonary nodule is detected. Perifissural nodules seen along the right oblique fissure (5 mm) (5-46) and horizontal fissure (3 mm) (5-41) remain stable. The right upper lobe posterior segment nodule and the multiple right lower lobe nodules previously seen on FDG PET/CT have resolved. No consolidation or left pleural effusion. The major airways are patent. Post excision of subcarinal lymphadenopathy. Ill-defined soft tissue density seen at the subcarinal region may represent postoperative changes (4-38). There is no significantly enlarged supraclavicular, axillary or hilar lymph node. The mediastinal vessels opacify normally. The cardiac size is normal. There is no pericardial effusion. The included upper abdomen in the arterial phase is unremarkable. No destructive bony lesion is detected. CONCLUSION Post right lower lobe wedge resection. Small right pleural effusion. Interval resolution of the previously seen right upper lobe and lower lobe nodules. The tiny non-specific right perifissural nodules remain stable. No new suspicious pulmonary nodule or thoracic lymphadenopathy. Known / Minor Reported by: <DOCTOR>

Accession Number: 08254c510063a18e303a7b065d74001caa978964ae26bc7c148a421c06621054

Updated Date Time: 21/1/2019 14:30

## Layman Explanation

This radiology report discusses HISTORY right lung lower lobe pT1a CA s/p R vats lower lobe wedge resection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT CHEST Comparison is made with CT study of 20 July 2018 and FDG PET/CT study of 20 September 2018. The patient has undergone interval right lower lobe wedge resection with post-surgical changes seen at the surgical bed as well as a small right pleural effusion. No new suspicious pulmonary nodule is detected. Perifissural nodules seen along the right oblique fissure (5 mm) (5-46) and horizontal fissure (3 mm) (5-41) remain stable. The right upper lobe posterior segment nodule and the multiple right lower lobe nodules previously seen on FDG PET/CT have resolved. No consolidation or left pleural effusion. The major airways are patent. Post excision of subcarinal lymphadenopathy. Ill-defined soft tissue density seen at the subcarinal region may represent postoperative changes (4-38). There is no significantly enlarged supraclavicular, axillary or hilar lymph node. The mediastinal vessels opacify normally. The cardiac size is normal. There is no pericardial effusion. The included upper abdomen in the arterial phase is unremarkable. No destructive bony lesion is detected. CONCLUSION Post right lower lobe wedge resection. Small right pleural effusion. Interval resolution of the previously seen right upper lobe and lower lobe nodules. The tiny non-specific right perifissural nodules remain stable. No new suspicious pulmonary nodule or thoracic lymphadenopathy. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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