# Row 5077

Visit Number: e79283001fe143b2079257488a60922ff74b976713953f35a1e169c588bd3d8f

Masked\_PatientID: 5070

Order ID: f030caf8e8125a1c50659f189b4be415211f2726dcdfb4360e514129fe109031

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 11/6/2019 21:07

Line Num: 1

Text: HISTORY SOBOE Elevated PASP TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS There is no prior relevant scan available for comparison. Prior chest radiograph dated 7 September 2018 was reviewed. No suspicious pulmonary nodule, consolidation or ground-glass opacification is detected. A tiny 3 mm nodule noted in the posterior basal segment of the left lower zone is nonspecific (se 2/43). No pleural effusion is present. Mild scarring and fibrosis is noted in the middle lobe and lingula. The central airways are patent. There is mild cardiomegaly. No pericardial effusion is seen. The mediastinal structures appear unremarkable. The pulmonary trunk is not dilated. Within the limits of this unenhanced study, no mediastinal or hilar lymphadenopathy is detected. Scattered hypodense nodules are noted within the thyroid gland, measuring up to 8 mm and in the right lobe. There is a 4 mm focus of coarse calcification in theleft lobe lower pole. Within the limited sections of the upper abdomen, prior cholecystectomy is noted. The pancreas is atrophic. A tiny partially exophytic 5 mm hyperdense nodule arising from the left upper pole likely represents a hyperdense cyst. No destructive bone lesion is detected. There is a mild T11 superior endplate compression fracture. CONCLUSION 1. There is no evidence of overt pulmonary hypertension. Mild cardiomegaly is noted. 2. Mild scarring and fibrosis is noted in the middle lobe and lingula. 3. Other minor features as above. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: 9ea942c6ab8855369db9698b56199269e641830a7ceb0bcb97600d1537c555dd

Updated Date Time: 14/6/2019 16:50

## Layman Explanation

This radiology report discusses HISTORY SOBOE Elevated PASP TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS There is no prior relevant scan available for comparison. Prior chest radiograph dated 7 September 2018 was reviewed. No suspicious pulmonary nodule, consolidation or ground-glass opacification is detected. A tiny 3 mm nodule noted in the posterior basal segment of the left lower zone is nonspecific (se 2/43). No pleural effusion is present. Mild scarring and fibrosis is noted in the middle lobe and lingula. The central airways are patent. There is mild cardiomegaly. No pericardial effusion is seen. The mediastinal structures appear unremarkable. The pulmonary trunk is not dilated. Within the limits of this unenhanced study, no mediastinal or hilar lymphadenopathy is detected. Scattered hypodense nodules are noted within the thyroid gland, measuring up to 8 mm and in the right lobe. There is a 4 mm focus of coarse calcification in theleft lobe lower pole. Within the limited sections of the upper abdomen, prior cholecystectomy is noted. The pancreas is atrophic. A tiny partially exophytic 5 mm hyperdense nodule arising from the left upper pole likely represents a hyperdense cyst. No destructive bone lesion is detected. There is a mild T11 superior endplate compression fracture. CONCLUSION 1. There is no evidence of overt pulmonary hypertension. Mild cardiomegaly is noted. 2. Mild scarring and fibrosis is noted in the middle lobe and lingula. 3. Other minor features as above. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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