# Row 885

Visit Number: e9b375f95bece81b0a3a28addf4549491b56beccdb6ea43603746bcf28372996

Masked\_PatientID: 877

Order ID: a8266c50e5dcd2c8bdcb619368a9497bdc3492d3db2fde649c92fce409431116

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/6/2018 16:21

Line Num: 1

Text: HISTORY history of lymphoma. now has chronic cough TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous PET-CT dated 9/2/2017. There is some blurring in the lung bases due to breathing artefact. There is no suspicious pulmonary nodule or consolidation in the lungs. Posterior subpleural ground-glass changes in the lower lobes associated with mild peripheral septal thickening could be related to dependent venous congestion. There are a few small clusters of tiny ill-defined ground-glass nodules in the anterior basal right lower lobe (E.g. 5-79) and inferior lingula (5-82), likely infective / inflammatory. Mild linear scarring is seen in the middle lobe. Small volume mediastinal nodes are again seen at the precarinal, left paratracheal and subaortic stations, and are nonspecific. There is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Small calcified nodules noted in the thyroid gland, non-specific. The heart is normal size. There is no significant pericardial or pleural effusion. Pulmonary trunk is not dilated. The visualised spleen ismildly enlarged. There is no destructive bony lesion. Stable dense sclerotic focus in the left fourth rib is probably bone island. CONCLUSION No definite consolidation or suspicious mass. There are a few small clusters of tiny ill-defined infective/ inflammatory ground-glass nodules in the anterior basal right lower lobe and inferior lingula. Dependent changes are seen in the lung bases. Known / Minor Finalised by: <DOCTOR>

Accession Number: ae2a6689e1fe07a6b2875e2335adf7997736fb05702b88bfd27c05264b4b5184

Updated Date Time: 26/6/2018 15:37

## Layman Explanation

This radiology report discusses HISTORY history of lymphoma. now has chronic cough TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous PET-CT dated 9/2/2017. There is some blurring in the lung bases due to breathing artefact. There is no suspicious pulmonary nodule or consolidation in the lungs. Posterior subpleural ground-glass changes in the lower lobes associated with mild peripheral septal thickening could be related to dependent venous congestion. There are a few small clusters of tiny ill-defined ground-glass nodules in the anterior basal right lower lobe (E.g. 5-79) and inferior lingula (5-82), likely infective / inflammatory. Mild linear scarring is seen in the middle lobe. Small volume mediastinal nodes are again seen at the precarinal, left paratracheal and subaortic stations, and are nonspecific. There is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Small calcified nodules noted in the thyroid gland, non-specific. The heart is normal size. There is no significant pericardial or pleural effusion. Pulmonary trunk is not dilated. The visualised spleen ismildly enlarged. There is no destructive bony lesion. Stable dense sclerotic focus in the left fourth rib is probably bone island. CONCLUSION No definite consolidation or suspicious mass. There are a few small clusters of tiny ill-defined infective/ inflammatory ground-glass nodules in the anterior basal right lower lobe and inferior lingula. Dependent changes are seen in the lung bases. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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