# Patient ID: 1002, Performed Date: 03/12/2018 20:13

## Raw Radiology Report Extracted

Visit Number: ad4df659327903c2d7c28c84645f34d61b918979e5d2acd7608a689579dc3670

Masked\_PatientID: 1002

Order ID: 5b7501aafc94943a8a385155b6c0a9e978fe0554df161e007b2005aa415cbb90

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/12/2018 20:13

Line Num: 1

Text: HISTORY right upper lobe lung ca s/p right VATS upper lobectomy with middle lobe wedge 30 Oct TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Breathing related motion artefacts are noted, which may degrade the image quality, reduces the sensitivity of assessment. Comparison is made with previous FDG PET/CT chest dated 16/10/2018. The patient is status-post right VATS upper lobectomy with middle lobe wedge on 30 October 2018. Soft tissue thickening is seen at the right upper lobe bronchus stump adjacent to the surgical sutures, may be related to post-surgical changes given the recent surgery. No pneumothorax is detected. Soft tissue linear thickenings are also seen at the anterior and lateral right chest wall, likely to represent the port sites for VATS. No fluid collection is detected in the chest wall. A moderate right sided pleural effusion is seen extending up to the apex with loculations in the upper zone. No gas locule is seen within the effusion. No overt thickening of the pleura within the limits of unenhanced study. Stable small 5mm ground glass opacity is seen in the apicoposterior segment of left upper lobe (3-23 vs prior 3-102). The tiny nodule in the laterobasal segment of the left lower lobe also remains stable (3-70 vs prior 3-133). There is consolidation/atelectasis centrally in the middle lobe. Bronchial wall thickening with atelectasis is also noted in the lower lobes, likely due to inflammation. The trachea and central airways are patent. Small volume paratracheal and pretracheal nodes measuring up to 9mm short axis diameter (2-38) are noted. No significantly enlarged supraclavicular, hilar or axillary lymph node is detected. The heart is enlarged with coronary calcifications. No significant pericardial effusion is detected. Bilateral thyroid hypodensities are noted, non-specific, stable from prior. Limited sections of unenhanced upper abdominal viscera show a stable 8 mm hepatic hypodensity at the dome (2-62 vs prior 3-138). The gallbladder is absent and the common duct appears ectatic, likely related to post-cholecystectomy changes. Few small non-specific pancreatic and renal hypodensities are also noted. The adrenal glands appear unremarkable. No destructive bone lesion is detected. Degenerative changes of the spine are noted. CONCLUSION Status-post right VATS upper lobectomy with middle lobe wedge. Since 16/10/18, 1. Moderate right pleural effusion with loculations. 2. Soft tissue thickening at the surgical resection site may represent post-surgical changes. Consolidation/atelectasis centrally in the middle lobe/ is also noted. Attention on follow up suggested. 3. Bronchial wall thickening in the lower lobes is likely inflammatory in nature. 4. Other minor findings as detailed. May need further action Reported by: <DOCTOR>

Accession Number: ce3717d0d40f58e72aff8fd593e9c39125ac3a4bcfd3dbf20bc54d7af928d022

Updated Date Time: 04/12/2018 16:58

## Layman Explanation

The scan shows that you had surgery to remove part of your right lung. There is some fluid buildup in your right lung, but no air pockets in the fluid. There's also some thickening around the area where part of your lung was removed, which is likely from the surgery. There is some thickening in the airways of your lower lungs, which could be due to inflammation. Your heart is enlarged and has some calcium deposits in the arteries. The scan also shows some small, stable areas of reduced density in your liver and pancreas. Overall, the findings suggest the need for further monitoring.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Right upper lobe lung cancer (s/p right VATS upper lobectomy with middle lobe wedge)\*\*: This indicates that the patient has had surgery for lung cancer. The report mentions that the surgery was performed on October 30th, 2018.  
\* \*\*Post-surgical changes:\*\* This is a general term that refers to changes in the body after surgery, such as scar tissue formation or inflammation.  
\* \*\*Consolidation/atelectasis in the middle lobe\*\*: This suggests possible inflammation or collapse of lung tissue in the middle lobe.  
\* \*\*Bronchial wall thickening in the lower lobes\*\*: This is likely caused by inflammation.  
\* \*\*Degenerative changes of the spine\*\*: This is a common finding in older individuals and refers to wear and tear on the spine.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Right upper lobe\*\*: This is the part of the lung that was affected by cancer and surgically removed.  
\* \*\*Middle lobe\*\*: This is another part of the lung that was involved in the surgery.  
\* \*\*Bronchus stump\*\*: This is the end of the bronchus (the airway) after the surgery.  
\* \*\*Right chest wall\*\*: This is the area of the chest that was involved in the surgery.  
\* \*\*Pleura\*\*: This is the thin membrane that surrounds the lungs.  
\* \*\*Right sided pleural effusion\*\*: This refers to a buildup of fluid in the space between the lung and the chest wall on the right side.  
\* \*\*Left upper lobe\*\*: This is a part of the lung in the opposite side of the body from the cancer.  
\* \*\*Left lower lobe\*\*: This is another part of the lung on the opposite side.  
\* \*\*Middle lobe\*\*: This is the part of the lung where consolidation/atelectasis is observed.  
\* \*\*Lower lobes\*\*: These are the parts of the lung where bronchial wall thickening is noted.  
\* \*\*Trachea\*\*: This is the windpipe.  
\* \*\*Central airways\*\*: This refers to the main airways in the lungs.  
\* \*\*Paratracheal and pretracheal nodes\*\*: These are lymph nodes located near the trachea.  
\* \*\*Supraclavicular, hilar, and axillary lymph nodes\*\*: These are lymph nodes located in the neck, chest, and armpit.  
\* \*\*Heart\*\*: This is the organ that pumps blood throughout the body.  
\* \*\*Coronary arteries\*\*: These are the blood vessels that supply blood to the heart.  
\* \*\*Pericardium\*\*: This is the sac that surrounds the heart.  
\* \*\*Thyroid\*\*: This is a gland in the neck that produces hormones.  
\* \*\*Upper abdominal viscera\*\*: This refers to the organs in the upper abdomen, such as the liver, gallbladder, and pancreas.  
\* \*\*Liver\*\*: This is the organ that filters blood and produces bile.  
\* \*\*Gallbladder\*\*: This is the organ that stores bile.  
\* \*\*Common duct\*\*: This is the tube that carries bile from the gallbladder to the small intestine.  
\* \*\*Pancreas\*\*: This is the organ that produces digestive enzymes and hormones.  
\* \*\*Kidneys\*\*: These are the organs that filter waste products from the blood.  
\* \*\*Adrenal glands\*\*: These are glands located on top of the kidneys that produce hormones.  
\* \*\*Spine\*\*: This is the backbone.  
  
\*\*3. Concerns/Symptoms:\*\*  
  
\* \*\*Moderate right sided pleural effusion with loculations\*\*: This is a concern because it indicates a significant buildup of fluid in the chest, which can cause breathing problems. The loculations suggest that the fluid is not evenly distributed, which may make it difficult to drain.  
\* \*\*Soft tissue thickening at the surgical resection site may represent post-surgical changes\*\*: This is a general finding that needs to be monitored for any potential complications, such as infection or scar tissue formation.  
\* \*\*Consolidation/atelectasis centrally in the middle lobe\*\*: This suggests possible inflammation or collapse of lung tissue, which can also cause breathing problems.   
\* \*\*Bronchial wall thickening in the lower lobes is likely inflammatory in nature\*\*: This is a concern because it may be a sign of infection or other lung disease.  
  
The report suggests that further follow-up is needed to monitor these findings.