# Patient ID: 1002, Performed Date: 07/4/2020 9:24

## Raw Radiology Report Extracted

Visit Number: b86e3a7fef433d50787734a9a87cd828421e94babf29646ef0d19d75297e4961

Masked\_PatientID: 1002

Order ID: e750dea6c7895e7c2f778d50d9943965525eaea0702e3a5f8a61a59c0a14660f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/4/2020 9:24

Line Num: 1

Text: HISTORY IIB (pT1cN1M0) right lung surveillance TECHNIQUE Scans acquired as per department protocol. Intravenous contrast : nil FINDINGS CT from 30/09/2019 was reviewed. Status post right upper lobectomy with middle lobe wedge resection. Compensatory inflation of the right lower lobe with mild basal scarring. A 6 mm ground-glass nodule in the left upper lobe (3/24, previous 3/27) is stable. A stable 2 mm lung nodule in the left lower lobe (3/66, previous 3/73) is also stable. No new pulmonary nodule or mass is seen. There is no consolidation or pleural effusion. There is no significant lymphadenopathy. Ascending thoracic aorta is borderline dilated, measuring 4.2 cm in diameter. This is stable. Atherosclerotic mural calcifications are seen in the vessels. There is no pericardial effusion. The 5 mm right thyroid nodule is stable in size. Stable hypodense focus in the right hepatic lobe made with a cyst. Prior cholecystectomy. No bony destruction is identified. CONCLUSION Previously seen left upper lobe ground-glass nodule in the left lower lobe tiny lung nodules are stable in size. No new suspicious lesion is seen in the lungs. Stable mild dilatation of the ascending thoracic aorta. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: de1c6052972e847a721efaeb633f25a5a2b6899d298d99fc97d8369821a99421

Updated Date Time: 07/4/2020 14:55

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.