# Patient ID: 1376, Performed Date: 02/8/2018 14:05

## Raw Radiology Report Extracted

Visit Number: 801db1f70b57c0ea9e2d7c426aa920ab700ac8979c53e42397c90bf7026ba348

Masked\_PatientID: 1376

Order ID: b124153a84be908ae5d712f1dd8d4f73377b68aa1a796d953b96a326ac00e4b7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/8/2018 14:05

Line Num: 1

Text: HISTORY Organising pneumonia . Improved with prednisolone To follow up on LLL nodule TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 15/2/2018 The patient is status post left mastectomy. No gross mass seen a surgical bed to suggest local recurrence. Status post left lower lobectomy. Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show significant interval improvement. Small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring (e.g. 5-61). There remains moderately extensive bronchial wall thickening and centrilobular, tree in bud nodules in the remaining left left lung, particularly at the basal region. Biapical scarring, worse on the left - which could be related to previous radiotherapy. No significant enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Stable small volume mediastinal nodes. Small calcified subcarinal node. The heart is not enlarged. There is no pericardial effusion. Previously seen small bilateral pleural effusions have resolved. Aberrant origin of the right subclavian artery noted. Stable 11 x 9 mm nodule arising from the medial limb of the left adrenal gland, indeterminate (4-82). Bony bridge seen between the lateral left sixth and seventh ribs. No destructive bony lesion. CONCLUSION Since the 15th of Feb 2018, Previously seen patchy consolidative areas in both lungs including the ¿nodule¿ in the basal left lower lobe show near complete resolution apart from small foci of residual consolidation and scarring in the posterior right upper lobe. There are also a few small foci of peribronchial consolidation in the posterior right lower lobe associated with linear atelectasis / scarring, not present on the Feb 2018 scan. There remains moderately extensive small airway infective or inflammatory changes in the remaining left lung. Status post left mastectomy. No definite evidence of local recurrence or metastatic disease. Stable indeterminate left adrenal nodule. Known / Minor Finalised by: <DOCTOR>

Accession Number: 441ee716075793dbc1ea24e3f5935b757bc97a2b2c2c0e28acfc33b84e91dbf2

Updated Date Time: 02/8/2018 14:53

## Layman Explanation

The scan shows that the areas of inflammation in both lungs, including a small area in the lower left lung, have gotten much better since your last scan in February 2018. There are just a few small areas of remaining inflammation and scarring in the upper right lung. There are also some small areas of inflammation near the airways in the lower right lung, which were not seen on your February 2018 scan. There is still some inflammation and thickening in the small airways of the left lung. The scan shows no signs of cancer returning after your surgery. There is a small area of unclear origin in the left adrenal gland, which has not changed since your last scan.

## Summary

The text is extracted from a \*\*chest CT scan\*\* report.  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Organising pneumonia:\*\* The patient's history mentions organising pneumonia, which improved with prednisolone. This is an inflammatory condition that affects the small airways in the lungs.   
\* \*\*Scarring:\*\* The report mentions scarring in multiple areas of the lungs, likely related to the previous organising pneumonia and left lower lobectomy.  
\* \*\*Atelectasis:\*\* Linear atelectasis, a condition where the lung tissue collapses, is present in the posterior right lower lobe.  
\* \*\*Bronchial wall thickening:\*\* This is a sign of inflammation or infection in the airways.  
\* \*\*Centrilobular, tree-in-bud nodules:\*\* These are small nodules in the lungs that can be a sign of infection or inflammation.  
\* \*\*Indeterminate left adrenal nodule:\*\* This nodule is a small mass on the left adrenal gland, the nature of which is uncertain.   
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* The report focuses primarily on the lungs, describing changes in both lobes and highlighting areas of consolidation, scarring, atelectasis, and bronchial wall thickening.   
\* \*\*Left breast:\*\* The patient has a history of left mastectomy, and the report mentions no evidence of local recurrence.  
\* \*\*Heart:\*\* The heart is not enlarged and there is no pericardial effusion.   
\* \*\*Lymph nodes:\*\* No significant enlarged mediastinal, hilar, supraclavicular or axillary lymph nodes were identified.   
\* \*\*Adrenal gland:\*\* The report notes a stable, indeterminate 11 x 9 mm nodule on the left adrenal gland.  
\* \*\*Ribs:\*\* A bony bridge is seen between the lateral left sixth and seventh ribs.   
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Small foci of residual consolidation and scarring:\*\* While the organising pneumonia has improved, some areas of consolidation and scarring remain in the lungs, indicating ongoing inflammation or damage.   
\* \*\*Moderately extensive bronchial wall thickening and centrilobular, tree-in-bud nodules:\*\* These findings suggest significant inflammation or infection in the airways, which may require further investigation.  
\* \*\*Indeterminate left adrenal nodule:\*\* The nature of the nodule is unclear, and it may require further evaluation to determine if it is benign or malignant.   
\* \*\*Biapical scarring:\*\* The scarring at the top of the lungs, potentially related to previous radiotherapy, could be a concern depending on the patient's history and overall health.