# Patient ID: 2235, Performed Date: 18/1/2019 0:46

## Raw Radiology Report Extracted

Visit Number: 55f2eb749328dc2c5681f3928e52e0c554bca6ebf4888e30a55ab773c5edd818

Masked\_PatientID: 2235

Order ID: d4ba758ea78b4a73c4d3407df802f57d22331e2c1311a1f64c1802918e780bbd

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/1/2019 0:46

Line Num: 1

Text: HISTORY To look for lymphadenopathy on a bg of splenic hypodense lesion with lymphocytosis/monocytosis possible newly diagnosed lymphoma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT from 29/12/2006 was reviewed. There has been prior right mastectomy. A nonspecific calcification is seen at the mastectomy site. There is mild thickening in the right axilla, relatively improved since 2006 CT and likely postsurgical change. In the left breast, a few coarse calcifications are also nonspecific. Small volume mediastinal lymph nodes are not enlarged based on size criteria. There is no significantly enlarged lymph node. There is right apical lung scarring. Scattered foci of minor atelectasis in the lungs. There is no lung nodule, consolidation, ground glass changes or pleural effusion. The heart is prominent in size. There are some vascular calcifications. No pericardial effusion. There is no bony destruction. In the right thyroid lobe, a 5 mm hypodense focus is nonspecific in appearance. The hypoenhancing lesion in the spleen anteriorly is relatively stable in size, measuring up to 4.2 cm in length. There is perisplenic fat stranding, relatively stable from previous. There is no destructive bony lesion. There is a bony haemangioma L2 vertebral body. There is a 2.4 x 1.3 cm intramuscular lipoma in the right trapezius muscle. CONCLUSION No significant lymphadenopathy in the thorax. No significant lung findings. Prior right mastectomy. The splenic lesion and perisplenic fat stranding are relatively stable. Known / Minor Finalised by: <DOCTOR>

Accession Number: b59e6978f4872608b909189cf53652b79f028f83010b9cb45ba6644a09077b91

Updated Date Time: 18/1/2019 9:25

## Layman Explanation

This scan was done to check for swollen lymph nodes, as there was a previous finding of an abnormal area in the spleen and an increased number of lymphocytes and monocytes in the blood, which could be signs of lymphoma.   
  
The scan showed that the lymph nodes in the chest area are not enlarged. There are no significant findings in the lungs.   
  
The scan also showed that the abnormal area in the spleen is the same size as it was before. There are some minor changes in the fatty tissue around the spleen, but these are also unchanged from before.   
  
There is a small, non-cancerous growth in the thyroid gland, and a non-cancerous bony growth in the spine. There is also a non-cancerous fatty growth in the right shoulder muscle.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Diseases mentioned in the report:\*\*  
  
\* \*\*Lymphoma:\*\* The patient's history mentions "possible newly diagnosed lymphoma". The report itself does not confirm or deny this diagnosis.  
\* \*\*Right mastectomy:\*\* The report mentions a prior right mastectomy, likely related to breast cancer.  
\* \*\*Bony haemangioma:\*\* The report mentions a bony haemangioma in the L2 vertebral body. This is a benign tumor of blood vessels.  
\* \*\*Intramuscular lipoma:\*\* The report mentions a 2.4 x 1.3 cm intramuscular lipoma in the right trapezius muscle. This is a benign tumor of fat cells.  
  
\*\*2. Organs mentioned in the report:\*\*  
  
\* \*\*Lungs:\*\* Scattered foci of minor atelectasis (collapsed lung tissue) are noted. There is no lung nodule, consolidation, ground glass changes or pleural effusion.   
\* \*\*Heart:\*\* The heart is prominent in size. There are some vascular calcifications. No pericardial effusion.  
\* \*\*Thyroid:\*\* A 5 mm hypodense focus is seen in the right thyroid lobe, described as nonspecific.   
\* \*\*Spleen:\*\* A hypoenhancing lesion in the spleen anteriorly is relatively stable in size, measuring up to 4.2 cm in length. There is perisplenic fat stranding, also relatively stable.   
\* \*\*Breast:\*\* A nonspecific calcification is seen at the mastectomy site in the right breast. A few coarse calcifications are also seen in the left breast, described as nonspecific.  
\* \*\*Axilla:\*\* Mild thickening in the right axilla is noted, likely postsurgical change.  
\* \*\*Lymph nodes:\*\* Small volume mediastinal lymph nodes are not enlarged based on size criteria.   
\* \*\*Bones:\*\* No bony destruction is noted. A bony haemangioma is seen in the L2 vertebral body.   
\* \*\*Muscles:\*\* A 2.4 x 1.3 cm intramuscular lipoma is seen in the right trapezius muscle.  
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Splenic lesion:\*\* The report mentions a hypoenhancing lesion in the spleen that is relatively stable.   
\* \*\*Perisplenic fat stranding:\*\* This finding is also relatively stable and may be associated with the splenic lesion.  
\* \*\*Thickening in right axilla:\*\* While likely postsurgical change, this could be a concern and warrants further evaluation.  
\* \*\*Prominent heart size:\*\* This could indicate underlying cardiac issues and requires further investigation.  
\* \*\*Vascular calcifications:\*\* This can be a sign of hardening of the arteries and warrants further assessment.  
\* \*\*Thyroid focus:\*\* The hypodense focus in the right thyroid lobe is described as nonspecific, implying further investigation may be required.  
  
\*\*Note:\*\* This summary is based solely on the provided text and does not include any interpretations or recommendations.