# Patient ID: 356, Performed Date: 15/4/2016 10:38

## Raw Radiology Report Extracted

Visit Number: db8aa83453596550699c68fce5b22c061c1291f6572fcedeb3217dc82a268257

Masked\_PatientID: 356

Order ID: 5b1424ad3d1589908a5133c11f6221220eb64e6c7904e911a758a291d095c3f1

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/4/2016 10:38

Line Num: 1

Text: HISTORY thymoma resected TECHNIQUE Scans acquired as per department protocol. 50ml of Omnipaque 350 given intravenously. FINDINGS The CT chest of 19 January 2015 and chest radiograph of 7 November 2015 were reviewed. Status post thymoma resection on 11 March 2015 with midline sternotomy noted. Surgical clips are seen just adjacent to the right atrium in the anterior mediastinum. There is a 9 mm soft tissue thickening in the anterior mediastinum (img 3-35) with adjacent scarring in the medial segment of the middle lobe and anterior segment of the right upper lobe – this is more likely attributed to a post-surgical appearance rather than recurrence. There is a 2 mm granuloma in the posterior basal segment of the right lower lobe. Dependent changes are seen in the lung bases. No suspicious pulmonary nodule, mass, consolidation or pleural effusion is evident. There is no enlarged mediastinal or hilar lymph node. The heart is not enlarged. There is a stable 10 mm calculus in the neck of the gallbladder. A splenunculus is seen. The lateral aspect of both breasts appear denser compared to the glandular tissue on their medial aspect. In particular, they appear asymmetric and more prominent on the left (img 3-54). There is no destructive bone lesion. CONCLUSION 1. Status post thymectomy. There is soft tissue thickening in the anterior mediastinum and adjacent scarring in the middle and upper lobes which may be attributed to a post-surgical appearance rather than recurrence. Attention on follow up imaging is suggested. 2. Asymmetric densities in the lateral aspect of both breasts, more on the left. This may represent dense glandular tissue and further clinical correlation is suggested. 3. Chlolethiasis. May need further action Reported by: <DOCTOR>

Accession Number: 61dd99986de890f2846888ed6e5a69f4d1ceb8ada6fa691d0c2516886893b1ba

Updated Date Time: 15/4/2016 12:35

## Layman Explanation

The scan shows that you had surgery to remove a tumor in your chest (thymoma). There is some thickening and scarring in your chest, but this is likely due to the surgery and not a return of the tumor. It's best to follow up with your doctor for more scans.   
  
The scan also shows that your breasts are denser on the left side than on the right. This is probably normal but your doctor may want to look into it further.   
  
Finally, the scan shows a small stone in your gallbladder. You may need to talk to your doctor about this.

## Summary

The text is extracted from a \*\*CT scan report\*\*.  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Thymoma:\*\* The patient has a history of thymoma resection on March 11, 2015.   
\* \*\*Chlolethiasis:\*\* There is a stable 10 mm calculus in the neck of the gallbladder, indicating gallstones.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\*  
 \* There is scarring in the middle and upper lobes, possibly related to the surgery.  
 \* A 2 mm granuloma is present in the right lower lobe.  
 \* Dependent changes are seen in the lung bases.  
\* \*\*Heart:\*\* The heart is not enlarged.  
\* \*\*Mediastinum:\*\* There is a 9 mm soft tissue thickening in the anterior mediastinum with adjacent scarring, likely post-surgical. No enlarged mediastinal lymph nodes are seen.  
\* \*\*Gallbladder:\*\* There is a 10 mm calculus in the neck of the gallbladder.  
\* \*\*Spleen:\*\* A splenunculus (accessory spleen) is seen.  
\* \*\*Breasts:\*\* The lateral aspect of both breasts appears denser than the medial aspect, appearing asymmetric and more prominent on the left.  
\* \*\*Bone:\*\* No destructive bone lesions are noted.   
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Soft tissue thickening in the anterior mediastinum:\*\* Although likely post-surgical, further imaging follow-up is suggested to monitor for possible recurrence.  
\* \*\*Asymmetric densities in the breasts:\*\* Further clinical correlation is suggested to investigate the dense glandular tissue.  
\* \*\*Chlolethiasis:\*\* The report states that the gallstones "may need further action."