# Patient ID: 4193, Performed Date: 16/10/2017 16:50

## Raw Radiology Report Extracted

Visit Number: 2266479e044dccfb9d73e0964cfad86ac2a7bd31e8222e79532242a4593369c8

Masked\_PatientID: 4193

Order ID: ab5dd518d2ceafa630310ad8b4f7e4da93284c0ee5815b1ac12483bdc5b6f651

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/10/2017 16:50

Line Num: 1

Text: HISTORY right mid zone nodule 1.78 x 1.6cm on preemployment CXr. asymptomatic. non smoker TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The CXR dated 6 October 2017 (NTFGH) was reviewed There is a lobulated 2.0 x1.5 cm nodule with spiculated margins seen in the lateral middle lobe (4-52). There is no macroscopic fat or calcification. No satellite nodule. Mild scarring noted in the right upper lobe apex where there are also clustered tiny nodules which are probably postinflammatory. An ill-defined small subpleural ground glass density in the apical right lower lobe is nonspecific and may represent focalatelectasis or an inflammatory lesion (4-41) There is no enlarged supraclavicular, mediastinal, hilar or axillary node. The central airways are patent. The heart is not enlarged. There is no pleural or pericardial effusion. The included abdominal viscera are unremarkable. There is no destructive bony lesion. . CONCLUSION Lobulated solid nodule in the lateral middle lobe with speculated margin is suspicious for primary lung malignancy i.e. nsclc. No definite evidence of metastatic disease or thoracic adenopathy. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 4442c7b651df18675b7eef5d54b71b1c096392617bcc7b32897a9709e6e3a889

Updated Date Time: 17/10/2017 15:07

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.