# Patient ID: 5187, Performed Date: 23/10/2019 13:09

## Raw Radiology Report Extracted

Visit Number: a653f43c878ae8095185dc2507079c2e7387e023fadcbd6ba8ab4d3c6a5adb20

Masked\_PatientID: 5187

Order ID: 7af12a56bfbf80f2824d2086c7bea183860ab68647c71c83cb0cb8ecbddb2f35

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/10/2019 13:09

Line Num: 1

Text: HISTORY CXR - Vague densities over bilateral upper-mid zones b/g bladder ca s/p recurrence asymptomatic TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Nodules in the thyroid gland, in keeping with multi nodular goitre. There is a well-circumscribed hypodense lesion in the anterior mediastinum measuring 1.6 x 1.3 cm (5-39), most likely a thymic lesion. There is no enlarged axillary, mediastinum or hilar lymph node. There is no pleural or pericardial effusion. Visualised mediastinal vasculature is patent. In the right upper lobe, there are two ground-glass sub solid nodules measuring 1 x 0.8 cm and 1.2 x 1.4 cm (6-23, 30). No suspicious nodule in theleft lung. The airways are patent. In the visualised upper abdomen, the liver is fatty. Gallstones are present. Adrenal glands are unremarkable. The bones are osteopenic. Severe T12 compression fracture is likely related to osteoporosis. CONCLUSION No CT evidence to suggest pulmonary metastasis. There are two sub solid ground-glass nodules in the right upper lobe which are strictly indeterminate. These may represent inflammatory versus low grade primary pulmonary neoplasm. Follow-upis suggested. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: b2f31a80ba9c81fef3e6a565bcbef83da70804bde6925f266671679bdd061fac

Updated Date Time: 23/10/2019 15:35

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.