# Patient ID: 1002, Performed Date: 03/12/2018 20:13

## Raw Radiology Report Extracted

Visit Number: ad4df659327903c2d7c28c84645f34d61b918979e5d2acd7608a689579dc3670

Masked\_PatientID: 1002

Order ID: 5b7501aafc94943a8a385155b6c0a9e978fe0554df161e007b2005aa415cbb90

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/12/2018 20:13

Line Num: 1

Text: HISTORY right upper lobe lung ca s/p right VATS upper lobectomy with middle lobe wedge 30 Oct TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Breathing related motion artefacts are noted, which may degrade the image quality, reduces the sensitivity of assessment. Comparison is made with previous FDG PET/CT chest dated 16/10/2018. The patient is status-post right VATS upper lobectomy with middle lobe wedge on 30 October 2018. Soft tissue thickening is seen at the right upper lobe bronchus stump adjacent to the surgical sutures, may be related to post-surgical changes given the recent surgery. No pneumothorax is detected. Soft tissue linear thickenings are also seen at the anterior and lateral right chest wall, likely to represent the port sites for VATS. No fluid collection is detected in the chest wall. A moderate right sided pleural effusion is seen extending up to the apex with loculations in the upper zone. No gas locule is seen within the effusion. No overt thickening of the pleura within the limits of unenhanced study. Stable small 5mm ground glass opacity is seen in the apicoposterior segment of left upper lobe (3-23 vs prior 3-102). The tiny nodule in the laterobasal segment of the left lower lobe also remains stable (3-70 vs prior 3-133). There is consolidation/atelectasis centrally in the middle lobe. Bronchial wall thickening with atelectasis is also noted in the lower lobes, likely due to inflammation. The trachea and central airways are patent. Small volume paratracheal and pretracheal nodes measuring up to 9mm short axis diameter (2-38) are noted. No significantly enlarged supraclavicular, hilar or axillary lymph node is detected. The heart is enlarged with coronary calcifications. No significant pericardial effusion is detected. Bilateral thyroid hypodensities are noted, non-specific, stable from prior. Limited sections of unenhanced upper abdominal viscera show a stable 8 mm hepatic hypodensity at the dome (2-62 vs prior 3-138). The gallbladder is absent and the common duct appears ectatic, likely related to post-cholecystectomy changes. Few small non-specific pancreatic and renal hypodensities are also noted. The adrenal glands appear unremarkable. No destructive bone lesion is detected. Degenerative changes of the spine are noted. CONCLUSION Status-post right VATS upper lobectomy with middle lobe wedge. Since 16/10/18, 1. Moderate right pleural effusion with loculations. 2. Soft tissue thickening at the surgical resection site may represent post-surgical changes. Consolidation/atelectasis centrally in the middle lobe/ is also noted. Attention on follow up suggested. 3. Bronchial wall thickening in the lower lobes is likely inflammatory in nature. 4. Other minor findings as detailed. May need further action Reported by: <DOCTOR>

Accession Number: ce3717d0d40f58e72aff8fd593e9c39125ac3a4bcfd3dbf20bc54d7af928d022

Updated Date Time: 04/12/2018 16:58

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.