# Patient ID: 1499, Performed Date: 08/12/2015 9:09

## Raw Radiology Report Extracted

Visit Number: e46e1621ca3bba91d82f7c63c9c1281c36e961f36e2183274d8c739159d0400f

Masked\_PatientID: 1499

Order ID: 46e6266008519d705a6b5451a437d0fc3270294733fe3fe62a7bccb924baa2b1

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/12/2015 9:09

Line Num: 1

Text: HISTORY AOCKD ctap: Nonspecific nodular appearance of the pulmonary parenchyma included on this scan. A CT thorax is suggested for further evaluation. Considerations would include small embolic lesions. TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the CT scan of 5.12.15. There is bilateral pleural effusion. There are 2-5 mm nodules in both lobes of the lung, for example image 4-35, 4-40, 4-41, 4-71. There is minimal ground glass appearance and atelectactic bands in the left lower lobe likely due to early consolidation. There are small axillary nodes but not significant in size. No significantly enlarged mediastinal, or supraclavicular lymph node is detected. Within limits of an unenhanced CT, no obvious hilar lymphadenopathy is noted. The heart is enlarged, a small pericardial effusion is present. The limited sections of the unenhanced upper abdomen are unremarkable. No destructive bony process is seen. CONCLUSION Small nodules in both lungs, suspicious for secondaries. Minimal ground glass appearance with atelctactic bands maybe due to early consolidation. Bilateral pleural effusions. Cardiomegaly and small pericardial effusion. May need further action Finalised by: <DOCTOR>

Accession Number: 85ee1e1547f2a050f3382459c575567f2059667ede7dbd3975627050cd2cc658

Updated Date Time: 08/12/2015 9:49

## Layman Explanation

The scan shows small, abnormal areas in both lungs. These areas are likely caused by something other than a simple infection. There is also fluid build-up around the lungs and a slightly enlarged heart. The doctor recommends a more detailed scan to get a better understanding of what is going on.

## Summary

The text is extracted from a \*\*CT scan report\*\* of the thorax (chest).  
  
Here's a summary based on your guiding questions:  
  
\*\*1. Diseases Mentioned:\*\*  
  
\* \*\*Secondaries:\*\* The report mentions "small nodules in both lungs, suspicious for secondaries". This strongly suggests the presence of \*\*metastatic disease\*\* (cancer that has spread from another part of the body).   
\* \*\*Early Consolidation:\*\* The report mentions "minimal ground glass appearance with atelctactic bands maybe due to early consolidation". This indicates a possible early stage of pneumonia or inflammation in the left lower lobe of the lung.  
\* \*\*Embolic Lesions:\*\* The report suggests that the nodular appearance "could include small embolic lesions", indicating a possibility of small blood clots in the lungs.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\* The report extensively describes findings within the lungs, including nodules, ground glass appearance, atelectasis, and pleural effusion.  
\* \*\*Heart:\*\* The report mentions "cardiomegaly" (enlarged heart) and "small pericardial effusion" (fluid buildup around the heart).  
\* \*\*Lymph Nodes:\*\* The report describes axillary nodes, mediastinal nodes, supraclavicular nodes, and hilar nodes.  
\* \*\*Pleura:\*\* The report mentions "bilateral pleural effusion" (fluid buildup in the space between the lungs and chest wall).   
\* \*\*Bones:\*\* The report mentions no destructive bony processes.   
  
\*\*3. Symptoms or Phenomena of Concern:\*\*  
  
\* \*\*Nodules in both lungs:\*\* The presence of multiple nodules is concerning, particularly due to the suspicion of secondary disease (metastatic cancer).  
\* \*\*Bilateral pleural effusion:\*\* Fluid buildup in both pleural spaces is a significant finding that can be caused by various conditions, including infection, inflammation, and malignancy.  
\* \*\*Cardiomegaly and pericardial effusion:\*\* These findings require further evaluation to determine the underlying cause, which could range from benign conditions to more serious heart problems.  
\* \*\*Early consolidation:\*\* While the report mentions "early consolidation", further investigations are needed to confirm the cause and severity of this finding.   
\* \*\*Embolic lesions:\*\* This possibility highlights the need for further evaluation to determine if blood clots are present and, if so, their extent and potential risk.