# Patient ID: 356, Performed Date: 19/1/2015 14:50

## Raw Radiology Report Extracted

Visit Number: 746627da37d462d43d362b30361f6415378ad79302618330b341cf7fc1640bbc

Masked\_PatientID: 356

Order ID: cbb162b332f0f0db73bb2357f0cfbabdaa9e1a4de73f2f246f478185c210a869

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/1/2015 14:50

Line Num: 1

Text: HISTORY Newly diagnosed MG. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS There is a lobulated anterior mediastinal mass measuring 3.7 x 3.8 x 5.5 cm. Thismass shows a heterogeneous enhancement with no focal areas of fat or calcification. The mass is impinging on to the right atrium and is inseparable from the right atrial wall on this examination. No focal pleural lesion is seen. The pulmonary parenchyma shows some atelectasis within the mass is in contact with the lung. There are no enlarged superior mediastinal or hilar lymph nodes. The pericardium appears normal. The portions of the upper abdomen included on this scan shows no focal hepatic abnormality. There is a calcified gallstone present in the partially imaged gallbladder. CONCLUSION There is a lobulated soft tissue mass in the anterior mediastinum that is highly suspicious for the presence of a thymic tumour likely a thymoma. This lesion does not show overt features to suggest lymphoma. May need further action Finalised by: <DOCTOR>

Accession Number: 2c778fb0430f13b276ee577037b711ba3743cbfbe8320ccb0808acbf6169d5ee

Updated Date Time: 19/1/2015 15:13

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*CT scan\*\* report.  
  
\*\*1. Disease(s)\*\*  
  
\* \*\*MG:\*\* This refers to Myasthenia Gravis, an autoimmune disease affecting the neuromuscular junction. The report mentions it as "newly diagnosed".  
\* \*\*Thymic tumour likely a thymoma:\*\* The report highlights the presence of a mass in the anterior mediastinum and considers it highly suspicious for a thymoma, a type of tumor arising from the thymus gland.   
\* \*\*Lymphoma:\*\* The report states that the lesion does not show overt features suggesting lymphoma, implying it is being considered as a differential diagnosis.  
\* \*\*Calcified gallstone:\*\* The report mentions a calcified gallstone in the gallbladder, suggesting the potential presence of gallstones.  
  
\*\*2. Organ(s)\*\*  
  
\* \*\*Thymus:\*\* The report focuses on a mass located in the anterior mediastinum, suggesting it arises from the thymus gland.  
\* \*\*Right atrium:\*\* The mass is reported to be impinging on the right atrium, indicating its close proximity to this heart chamber.  
\* \*\*Lungs:\*\* The report mentions atelectasis (collapse of lung tissue) within the lung, suggesting potential involvement by the mass.  
\* \*\*Lymph nodes:\*\* The report states that there are no enlarged superior mediastinal or hilar lymph nodes.  
\* \*\*Pericardium:\*\* The pericardium, the sac surrounding the heart, appears normal.  
\* \*\*Liver:\*\* No focal abnormalities were found in the portion of the liver visualized in the scan.  
\* \*\*Gallbladder:\*\* The report mentions a partially imaged gallbladder with a calcified gallstone.  
  
\*\*3. Symptoms or Phenomena of Concern\*\*  
  
\* \*\*Lobulated anterior mediastinal mass:\*\* This is the primary finding of concern, prompting further investigation due to its suspicious nature for a thymoma.  
\* \*\*Mass impinging on right atrium:\*\* This indicates potential compression of the heart chamber, which could lead to cardiac complications.  
\* \*\*Atelectasis:\*\* The presence of atelectasis within the lung suggests possible compression or involvement by the mass.  
\* \*\*Calcified gallstone:\*\* While not directly related to the primary finding, the presence of a gallstone may require further investigation and management.