medical imaging BANKSTOWN

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THE LEADER IN LOW DOSE IMAGING

Dr. Y Pham
Level 1, 2/228 Chapel Road South
BANKSTOWN NSW 2200

Examination Date: ***16/05/2016***
Patient ref: ***342710***

Dear Dr. Y Pham

Re: **DOAN, Q V**
DOB: /1974
NSW 2198

CT CHEST WITH INTRAVENOUS CONTRAST
Multislice low dose axial scans have been performed from the lung apices to the bases with dynamic injection of intravenous contrast. Coronal reconstructions of the lungs have been performed.

Findings:

Comparison is made to the previous scan of 2/3/2015.

The previously described well circumscribed ovoid pulmonary lesion within the medial segment of the right middle lobe measuring 2.7 cm in maximum axial diameter is essentially stable since the last scan. As before punctate areas of calcification are noted within the lesion. There is no associated atelectasis of the surrounding lung parenchyma. There is no invasion or encasement of the surrounding pulmonary vessels or bronchi.

No other discrete pulmonary nodule seen elsewhere.

No confluent areas of air space shadowing to suggest infection.

No mediastinal or hilar lymphadenopathy.

No pericardial or pleural effusion.

The visualised upper solid abdominal viscera are essentially unremarkable, within the limitations of an arterial phase time scan.

No focally destructive bone lesion.

CONCLUSION:

Stable appearances of the well circumscribed ovoid pulmonary lesion within the medial segment of the right middle lobe. As before, there are punctate areas of calcification noted within it. The lesion measures up to 2.7 cm in axial diameter. Appearances are suggestive of a pulmonary hamartoma. The differential diagnosis includes carcinoid tumour, although this is less likely.

Yours Sincerely

Dr Rashidi Mbakada
MBChB. MRCS(Glasgow). FRCR.

Electronically Authorised by Rashidi Mbakada.