



Name: MRS. LY KOV Nationality: CAMBODIAN (កម្ពុជា) Room: 12A10
 HN: 01-22-039916 Birth Date: 01/04/1945 Age: 77 Year Sex: ភ្នំ (Female)
 Examination Date: 27/09/2022 Time: 14:19
 Requested Physician: Kittawit Rungjang Department: Ward 12A

Radiology Report

Order : CT Chest

PROCEDURE: CT chest with contrast

CLINICAL INDICATION: Generalized MG

TECHNIQUE: MDCT was performed through the whole chest without and with contrast administration.

COMPARISON: none

FINDINGS:

Tube and lines: None.

Lung parenchyma: Two 0.2-cm perifissural nodules at right major fissure (SI 44 and 55). Minimal subsegmental atelectasis at medial segment of RML and dependent part atelectasis at both lower lobes.

Trachea and main bronchi: Patent.

Pleural cavity: No pneumothorax or effusion. Minimal bilateral apical pleural thickening. No gross pleural nodule.

Heart and pericardium: No cardiomegaly or pericardial effusion.

Major thoracic vessels: Mild enlarged main pulmonary artery, about 3.2 cm in diameter.

Mediastinum: A well-defined solid homogeneous moderately enhancing mass at anterior mediastinum, abutting right anterolateral aspect of ascending aorta with preserved fat plane, size 0.9x2.0x2.2 cm in APxWxH. No internal fat, cyst or calcification.

Report by Radiologist's Signature AORNNICHA SAKCHAIKUL.M.D.

Medical License Number 57015

Date 27/09/2022 Time 20:16



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DISCLAIMER: This report is professional opinion not for the final diagnosis. The final diagnosis should be based on clinical findings, clinical opinion, other investigation or tissue diagnosis. Certainty level for an given disease with probability of presence of the disease ?Unlikely < 10% ; ?less likely? equal to approximate 25% ; Possible/possibly ?equal to approximate 50% ; ?Probable/suspicious for ?equal to approximate 75% ; ?likely/consistent with? > 90%.



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Radiology Report

Order : CT Chest

Lymph node: A homogeneous enhancing right hilar node, 1.0 cm in short axis.

Esophagus: No dilatation.

Thyroid gland: Normal size with multiple nodules and calcification, size up to 2.0 cm at lower pole of left lobe.

Chest wall and lower neck: Normal.

Bony structure: No worrisome bony lesion. Mild degenerative change of spine.

Visualized upper abdomen: A 1.3x1.0-cm ill-defined hypoenhancing lesion at hepatic segment 4B, adjacent to falciform ligament without mass effect. A 1.0-cm hypodense lesion at hepatic segment 4A. A 0.2-cm calcification at pancreatic body.:

IMPRESSION:

- A well-defined homogeneous enhancing mass at anterior mediastinum, abutting ascending aorta, size 0.9x2.0x2.2 cm. No internal fat, cyst or calcification. Suspected thymoma. Please correlate with tissue diagnosis.
- Two 0.2-cm perifissural nodules at right major fissure, non-specific nodule.
- A homogeneous enhancing right hilar node, 1.0 cm in short axis, probably reactive node.
- Mild enlarged main pulmonary artery, about 3.2 cm in diameter, possible pulmonary arterial hypertension. Please correlate with other investigation.
- Multiple thyroid nodules and calcification, size up to 2.0 cm at lower pole of left lobe. Please further ultrasound of thyroid gland for better characterization.
- A 1.3x1.0-cm ill-defined hypoenhancing lesion at hepatic segment 4B, probably hepatic pseudolesion.

Report by Radiologist's Signature AORNNICHA SAKCHAIKUL.M.D.

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Date 27/09/2022 Time 20:16



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 Examination Date: 26/09/2022 Time: 14:13
 Requested Physician: Kittawit Rungjang Department: Ward 12A

Radiology Report

Order : Chest PA Upright

PROCEDURE: CHEST X-RAY

CLINICAL INDICATION: Dyspnea in supine position.

TECHNIQUE: PA projection.

COMPARISON: None.

FINDINGS:

Faint nodular shadows at medial portion of right (series 1, image 1) upper lobe and left (series 1, image 1) upper lobe.

No pneumothorax.

Increased cardiothoracic ratio.

Atherosclerosis of aorta.

Bulging (series 1, image 1) at right border of mediastinum.

Obscured right and left costophrenic angles.

Normal diaphragm and bony thorax.

IMPRESSION:

Faint nodular shadows at medial portion of right upper lobe and left upper lobe: composite shadow, fibrosis, pulmonary nodule are DDx.

Report by Radiologist's Signature Pakawa Chansiri,MD.

Medical License Number 2.18929

Date 26/09/2022 Time 14:42



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 HN: 01-22-039916 Birth Date: 01/04/1945 Age: 77 Year Sex: ភ្នំ (Female)
 Examination Date: 03/10/2022 Time: 08:00
 Requested Physician: Piya Cherntanomwong Department: Ward 12A

Radiology Report

Order : (Portable) Chest AP Upright

PROCEDURE: PORTABLE CHEST X-RAY

CLINICAL INDICATION: S/P VATS thymectomy.

TECHNIQUE: AP projection.

COMPARISON: Oct 2, 22.

FINDINGS:

S/P removal of surgical drainage tube.

Increasing right and left pleural effusion.

No demonstrated pulmonary infiltration.

Increased cardiothoracic ratio.

Normal bony thorax.



Report by Radiologist's Signature Pakawa Chansiri,MD.

Medical License Number ว.18929

Date 03/10/2022 Time 08:07

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