

Patient C. P. · 68 y
Scan CT chest · low-dose
Scanned 21 Apr 2026
Reported 23 Apr 2026

Clinical question

Lung cancer screening, first scan. Former smoker, 40 pack-years, stopped 6 years ago. Second opinion requested on the original report.

Technique

Low-dose CT of the chest without contrast, from the top of the lungs to the adrenal glands. 1.25 mm images in lung and soft-tissue windows, with coronal and sagittal views.

Comparison

No earlier chest CT available. The original report of this scan (21 Apr 2026) was reviewed.

Findings

- **Lungs.** Solid nodule in the left upper lobe, 18 × 15 mm (series 2, image 190), with spiky edges (spiculated) and a thin strand pulling on the nearby lining of the lung (pleural tag).

Needs prompt work-up · PET-CT

- **Lungs.** Mild emphysema in both upper lobes. No other nodules.
- **Airways.** The windpipe and main airways are clear.
- **Lymph nodes.** No enlarged lymph nodes in the chest or at the roots of the lungs.
- **Pleura.** No fluid around the lungs (no pleural effusion).
- **Heart and vessels.** Normal heart size. Mild calcium in the heart arteries (coronary calcification).
Unrelated finding
- **Upper abdomen and bones.** Nothing abnormal in the upper abdomen in view. Mild wear of the thoracic spine.

Annotation



Conclusion

- 01 A single 18 mm nodule in the left upper lobe with spiky edges. Its size and shape need prompt work-up (Lung-RADS 4X).
- 02 No sign of spread to the lymph nodes or the lining of the lung.
- 03 Mild emphysema and mild coronary calcification, both common in former smokers.

Compared with your original report

Agrees with your original report, which describes the same 18 mm nodule in the left upper lobe and advises further evaluation. This review adds three things: a risk category (Lung-RADS 4X, because of the spiky edge and the strand to the pleura), a clear next step with a time frame (PET-CT within two weeks), and the nodule outlined and measured on your images.

Recommendations

- 01 PET-CT within two weeks to see how active the nodule is.
- 02 Review by the lung team (thoracic multidisciplinary meeting) once the PET-CT is back.
- 03 If the PET-CT is unclear, a CT-guided biopsy can be considered.
- 04 Discuss the coronary calcium with your GP as part of a heart-health check.

In plain words

Your scan shows one spot in the upper part of your left lung. Its spiky edge is the reason to look at it soon. A PET-CT will show how active it is, and there is no sign of spread. Take this report to your doctor or lung specialist to plan the next step.

✓ Signed by **Dr. Sarah Bennett**
Radiologist, Thorax / Cardiac Radiology
23 Apr 2026