

# OET Case Notes

Radiography · Intermediate · Referral letter · to Referring Consultant (Respiratory Physician)

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## OET Case Notes: Radiography — Chest CT Findings Report (Intermediate)

### THE CASE NOTES

**Patient:** Mr David Morrison, 62 years old

**Reason for CT:** Incidental 12 mm pulmonary nodule on chest X-ray during pre-operative assessment

**Scan performed:** CT thorax with contrast (2 mm slice thickness)

**Right upper lobe:** 12 × 10 mm soft tissue nodule, well-defined margins, non-calcified, no satellite nodules; Fleischner category CT-2

**Hilar/mediastinal nodes:** No pathological lymphadenopathy

**Lung parenchyma:** Background centrilobular emphysema bilaterally, consistent with smoking history; no consolidation, pleural effusion, or pneumothorax

**Clinical history:** Ex-smoker (30 pack-years, quit 8 years ago); no haemoptysis, weight loss, or systemic symptoms

**Impression:** Indeterminate 12 mm RUL nodule; malignancy cannot be excluded; surveillance recommended

**Task:** Write a report letter to referring consultant Dr Claire Nguyen summarising the CT chest findings, your impression, and your recommendation for follow-up.

### WHAT TO INCLUDE

- + **The nodule's size, location, and key characteristics (margins, calcification)**  
These are the decision-relevant imaging features. The consultant needs them to classify risk and plan follow-up. Size without location or margin detail is incomplete.
- + **The Fleischner category and recommended follow-up interval**  
Using the Fleischner classification frames the recommendation within an evidence-based guideline, which is expected in a radiography report letter.
- + **The background emphysema with reference to the smoking history**  
Incidental findings relevant to the clinical background must be included. Emphysema in a 30-pack-year ex-smoker is clinically significant and contextualises nodule risk.

### WHAT TO LEAVE OUT

- **Technical imaging parameters beyond slice thickness (kV, mA, dose report)**  
These belong in the technical record, not the clinical letter. The consultant needs findings and recommendations, not radiation physics.
- **Listing all normal structures**  
Mention normal structures only if the clinical question required their exclusion. Listing everything normal pads the letter without adding clinical value.

### CRITERION IN FOCUS · CONCISENESS & CLARITY

Radiology report letters are among the most concise in clinical correspondence. The examiner penalises redundancy: '12 × 10 mm well-defined non-calcified nodule' carries the same information as a much longer description in 40% of the words. Every adjective must earn its place. If removing it would not change the consultant's decision, cut it.

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