# Incidental pulmonary nodule: referral

Assume that today's date is 3 November 2026. Ms Maribel Gonzales is attending follow-up after an incidental CT finding. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. This is original independent practice. You are Ms Maribel Gonzales's general practitioner. Write a referral letter to Dr Lynn Murunga, Consultant Respiratory Physician, Lung Nodule Clinic, 42 Clinic Road, VIC 3000, Australia. Request assessment of the incidental pulmonary nodule, accurately communicating the radiology report, diagnostic uncertainty and availability of current and previous imaging. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

| | I | C | O |
|---|---|---|---|
| **Patient details** | | | |
| 1. Name: Ms Maribel Gonzales | ☐ | ☐ | ☐ |
| 2. DOB: 12/02/1968 (58 yrs) | ☐ | ☐ | ☐ |
| 3. GP review 03/11/26 following ED investigation | ☐ | ☐ | ☐ |
| **Social and medical background** | | | |
| 4. Smoked 15 cigarettes/day for 24 yrs; stopped 2018 | ☐ | ☐ | ☐ |
| 5. No personal cancer history; no known asbestos exposure | ☐ | ☐ | ☐ |
| 6. Independent; walks daily without limitation | ☐ | ☐ | ☐ |
| 7. Mother died with lung cancer; patient anxious about CT | ☐ | ☐ | ☐ |
| 8. Complained about parking charge at imaging appointment | ☐ | ☐ | ☐ |
| 9. Resolved shoulder strain in 2024 | ☐ | ☐ | ☐ |
| **Presentation and imaging** | | | |
| 10. 29/10: acute breathlessness after long flight → ED | ☐ | ☐ | ☐ |
| 11. CT pulmonary angiogram: no pulmonary embolism | ☐ | ☐ | ☐ |
| 12. Incidental solitary 9 mm solid non-calcified nodule, posterior RUL | ☐ | ☐ | ☐ |
| 13. Nodule margins mildly irregular | ☐ | ☐ | ☐ |
| 14. No enlarged thoracic lymph nodes or pleural effusion | ☐ | ☐ | ☐ |
| 15. Report: indeterminate nodule; benignity/malignancy not established | ☐ | ☐ | ☐ |
| 16. Radiologist recommends respiratory review and comparison with prior imaging | ☐ | ☐ | ☐ |
| 17. No comparison study available to reporting radiologist | ☐ | ☐ | ☐ |
| **Previous imaging chronology** | | | |
| 18. 2022: chest CT performed for a resolved respiratory infection | ☐ | ☐ | ☐ |
| 19. Previous imaging provider confirms study retained | ☐ | ☐ | ☐ |
| 20. 30/10: current practice requested prior images and report | ☐ | ☐ | ☐ |
| 21. 03/11: neither received; no documented nodule comparison | ☐ | ☐ | ☐ |
| 22. Current report enclosed; current images electronically accessible | ☐ | ☐ | ☐ |
| 23. Practice will forward old study and report once received | ☐ | ☐ | ☐ |
| **Current assessment** | | | |
| 24. 03/11: breathlessness resolved; chest examination unremarkable | ☐ | ☐ | ☐ |
| 25. No persistent cough, haemoptysis or unexplained weight loss | ☐ | ☐ | ☐ |
| 26. Appetite maintained; no recurrent chest infections | ☐ | ☐ | ☐ |
| 27. Patient asks whether nodule definitely represents cancer | ☐ | ☐ | ☐ |
| 28. Explained uncertainty; specialist assessment and follow-up needed | ☐ | ☐ | ☐ |
| **Plan** | | | |
| 29. Refer Dr Lynn Murunga: assess nodule; advise investigation/surveillance | ☐ | ☐ | ☐ |
| 30. Do not label nodule new, growing or stable without comparison | ☐ | ☐ | ☐ |
| 31. New haemoptysis → urgent review; severe breathing difficulty → emergency care | ☐ | ☐ | ☐ |
| 32. Patient happy for daughter to attend specialist consultation | ☐ | ☐ | ☐ |



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