# Row 10356

Visit Number: ecd9e2b1f82ca4e5b17e9eac0f3c52faa592e55386e684635b8343d9287ee67f

Masked\_PatientID: 10356

Order ID: 8573fdd84905be9a4bbc9ea97b78ab4c4dfb095249301e14bc4cdee9ffab5193

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 19/9/2019 16:05

Line Num: 1

Text: HISTORY Newly diagnosed bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Moderately severe cystic and varicose bronchiectasis seen in the right lower lobe and middle lobe there is associated bronchial wall thickening and clustered centrilobular "tree-in-bud" nodules compatible with degree of airway inflammation. Several small broncholiths are present in the right lower lobe airways. There is associated scarring. Similar but milder changes are seen in the basal left lower lobe. Moderately extensive Clustered centrilobular "tree-in-bud" nodules are also seen in both upper lobes which could be inflammatory or postinflammatory. There is biapical subpleural scarring. The central airways are grossly patent. There are multiple small tracheal diverticula seen in the upper right paratracheal and subcarinal regions. Prominent but small volume right paratracheal nodes could be reactive. No gross hilar adenopathy- small calcified left hilar node. The heart is normal size. There is no pericardial or pleural effusion. Bilateral gynecomastia is present. No gross abnormality seen in the included unenhanced upper abdomen. No destructive bony lesions. CONCLUSION There are features of acute on chronic airway infection/inflammation in both lungs as noted above, more severely affecting the right lower lobe and middle lobe where there is moderate bronchiectasis. This could represent mycobacterial infection Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 85844e0b7f624f1762be72f12b615760a30c7fb147456ed243ad6dd5e4b9ae78

Updated Date Time: 20/9/2019 8:56