# Row 10888

Visit Number: 15f0264b6487915701678846e21aa0cbc6a2737db296dee899e3cfefe71b8958

Masked\_PatientID: 10888

Order ID: 657f381da1023d9254a5910298be700a736cb6093ce2613c81b9e6e25985bccc

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 10/7/2017 13:31

Line Num: 1

Text: HISTORY Bronchiectasis monitoring. post embolization TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison with prior CT thorax dated 3 November 2009. Bronchiectasis in the right upper lobe and middle lobe is stable. There is worsening of bronchiectasis in the left upper lobe anterior segment and lingular segment. There is also worsening of bronchiectasis with bronchial wall thickening and debris within airways of both lower lobes. Areas of consolidation is also noted in both lower lobes. In the left upper lobe, there is development of an indeterminate nodular density measuring 1.3 cm with adjacent bronchial wall thickening (2-19, 3-31). There is no pleural or pericardial effusion. There are tiny hypodense hepatic lesions which are not further characterise, possibly cysts. The adrenal glands are unremarkable. Degenerative changes in the bones. CONCLUSION Bronchiectasis in the right upper and middle lobe is largely stable. There is progression of bronchiectasis in both lower lobes. Consolidative changes are present in both lower lobes, suggest clinical correlation with any signs of chest infection. Development of a nodular density adjacent bronchial wall thickening in the left upper lobe is strictly indeterminate at this juncture but possibly post inflammatory. Attention on follow-up study suggested. May need further action Finalised by: <DOCTOR>

Accession Number: 06edeee1104e81c7319c91980768cd7ecb7ccbeb4fbc48fcbe430fc0e221727d

Updated Date Time: 13/7/2017 12:07