# Row 11194

Visit Number: 6a7bb95999a0ca85a90767b88896bd04f11d33ceca4c430748eb046d314af72f

Masked\_PatientID: 11192

Order ID: 4a44cf20ec1814d2c534798d03918a3321506d87a04c176bf00258bb1bc5bbf6

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/5/2019 16:21

Line Num: 1

Text: HISTORY fine intersitial crackles on chest exam TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT chest available. Note is made of prior TTSH CTAP of 13/9/2006 via NNJA. Motion artefact is present, limiting assessment of the lung bases on the supine position. There is however subsequent prone HRCT images done with no motion artefact, better revealing the minimal subpleural reticular interstitial thickening in a limited area of the posterior costophrenic sulci (401-30). This was also noted fairly similar to that of the limited lung bases of the prior CTAP of Sep 2006 in keeping with stable minimal interstitial fibrosis. No overt honeycombing is noted. There is no associated ground-glass changes. Rest of both lungs show no obvious subpleural changes. There is an apparent 3 mm flat nodule near the vascular bifurcation point in the lateral middle lobe (201-39) which is flat on coronal view (206-62), probably post infective in nature. Another ill-defined 3 mm focus is also noted in the posterior aspect of the right upper lobe (202-53 lung window, 206-30) but may be related to bronchial thickening of an airway. Rest of both lungs shows no tree in bud disease, ground-glass changes or consolidation. Tiny calcified granuloma in anterior left upper lobe (202-43). No lung mass or sinister nodule is seen. No bronchiectasis or overt emphysema noted. Major airways are patent. The visualised thyroid is unremarkable. No enlarged supraclavicular, axillary or mediastinal nodes seen. Heart size is not enlarged. Aortic and coronary calcifications are noted. No pericardial or pleural effusions. Limited sections of the unenhanced upper abdomen shows fatty liver infiltration and partially imaged hepatic flexure diverticula. Surgical clips are also present in the posterior right upper abdomen (likely due to previous right nephrectomy) and epigastric region, partially imaged. The spleen is not enlarged. Hiatus hernia is present. Lower cervical spondylosis present. No destructive bony lesion is seen. CONCLUSION 1. Minimal subpleural reticular changes in the posterior costophrenic sulci relatively unchanged since CT of Sep 2006. No overt honeycombing. This may represent probable usual interstitial pneumonia pattern of fibrosis. 2. No ominous mass or active infective changes in the thorax. 3. Other minor findings as described. ReportIndicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: c492b82d28608fa455ba2c20185532b7baffcf79e2f1d587c8dad2d40f2d5d6e

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