# Row 11677

Visit Number: cc3e1692fd755225208ea1db060936c6da94b4e671f9f7d40261c1061d2232be

Masked\_PatientID: 11677

Order ID: 2e6f648253b35d96461e63ff097f120bd76fb00f452ff4d84942ac28465dafb9

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/5/2018 14:33

Line Num: 1

Text: HISTORY persistent haemoptysis, AFB smear x 3 negative TRO aspergilloma TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Earlier chest radiograph of 20 May2018 was reviewed. No previous CT is available for comparison. There is background scarring with mild traction bronchiectasis and septal thickening in the left lung apex. In addition, there is a cavitating nodule, with low density nodular areas along wall, measuring around 1.6 x 1.5 cm (6-18). It is in direct communication with a branch of the left upper lobe anterior segment bronchus, which demonstrates bronchial wall thickening and mucus plugging. Tiny centrilobular nodules,many of which are clustered with tree-in-bud configuration, are seen in the left upper lobe and lingula, suggestive of ongoing infection-inflammation. Other small nodules in the left upper lobe and lingula, for example the 5 mm perifissural nodule (6-41) and the 4 mm of ground-glass nodule in the lingula (6-44), are probably related to the same aetiology. Additionally, patchy ill-defined ground glass opacities are seen in the left lower lobe (e.g. 6-69), right lower lobe (e.g. 6-64)and right upper lobe (6-31 and 6-37), could be related to haemoptysis. A calcified granuloma is incidentally seen in the middle lobe (6-65). There is no pleural effusion. There a few borderline aorto pulmonary node, measuring around 8 mm in short axis dimension (5-30), probably reactive in nature. Small left hilar nodes are also present. No mediastinal lymphadenopathy is otherwise seen. Major mediastinal vessels opacify normally. Heart is normal in size. There is no pericardial effusion. Imaged sections of the upper abdomen are unremarkable. There is no destructive bony lesion. CONCLUSION 1. Background left lung apical scarring with mild bronchiectasis. A Cavitatory nodule, in communication with a subsegmental left upper lobe bronchus, shows low density nodular areas along its wall. No typical dependent intracavitary nodule to suspect fungal ball. Appearances are likely due to an infective aetiology rather than neoplastic, Mycobacteria infection needs to be excluded. 2. Inflammatory/infective changes are seen in both lungs - most profound in the left upper lobe and lingula where multiple clustered (some being tree-in-bud) nodules are present. Ground-glass density areas elsewhere in the lungscould be related to haemoptysis. Overall changes are likely due to pulmonary Mycobacteria infection. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 2025d02f5bee4d42d933b683eea944c9dcf6dabbb73ced9baebc8f09c1a75d26

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