# Row 11999

Visit Number: 532a5dc19ddbe6e715c132a687b7e36dac11b448690c5893ef2ba682f370b752

Masked\_PatientID: 11985

Order ID: 56a11edb01d9b05f97e0e954c9d4271902e715b7d51ac06adf8b5f93f66002a0

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 03/3/2020 15:29

Line Num: 1

Text: HISTORY 11yr post lung transplant, drop in lung function, to assess for feature of chronic allograft lung dysfunction TECHNIQUE Unenhanced scans in full inspiration and expiration. The expiratory phase was suboptimal. FINDINGS Prior CT chest dated 4 April 2019 was reviewed. There is air-space consolidation and small centrilobular nodules in the right lower lobe, improved compared to the last CT. This is probably infective in aetiology. A small loculated right pleural effusion is smaller. Scarring is seen in the middle lobe. A 7 x 5 mm nodule is seen in the subpleural aspect of the right lower lobe (se 15-73). The left lung is largely unremarkable, save for atelectasis in the medial aspect of the lower lobe. No evidence of pulmonary fibrosis is detected. The lung volumes are preserved. No air-trapping is identified in the expiratory phase scan to suggest bronchiolitis obliterans. Pleural calcification on the right side may represent the sequela of previous infection. The central airways are patent. All four chambers of the heart are dilated. Extensive coronary calcification is seen. There is a small pericardial effusion. There is no significant supraclavicular, axillary, mediastinal or hilar lymphadenopathy. The limited sections of the upper abdomen show multiple well-defined hypodense lesions in the liver, unchanged from the last CT and likely representing cysts. The right 4th and 5th ribs have been partially resected. CONCLUSION There is air-space consolidation in the right lower lobe, improved compared to the last CT and consistent with improved infection (pneumonia). No evidence of pulmonary fibrosis is detected. No air-trapping is seen to suggest bronchiolitis obliterans, although the expiratory phase was suboptimal. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 13788fe2c32000083b946fab2e0fb1c73c348e5341a48323df6c591e1b7936f7

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