# Row 11995

Visit Number: 84b2ccb61a97c64c5bf79ddc55a01defb0458b9e6d34aff933249a2dde147f71

Masked\_PatientID: 11985

Order ID: 7e7f48dd42d80066ca3a5d3bc24ec6bf8458744493e083647c9c196dc9cc13fe

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 15/7/2015 10:27

Line Num: 1

Text: HISTORY 6 years 4 months post bilateral lung transplantation. Currently on immunosuprresants. PFTs show significant reduction in Total Lung Capacity over the past 3 years. Possible Chronic Rejection ( ?Obliterative Bronchiolitis). TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil. Inspiratory and excretory phase scans were acquired. FINDINGS Comparison is made with the previous High Resolution CT Chest dated 31st August 2010. There is no significant airway thickening, dilatation or obvious air trapping on expiratory phase images to suspect overt changes of obliterative bronchiolitis. Scattered scarring in both lungs noted again The previously noted nodules in the posterior basal segment of the right lower lobe are no longer seen.Of the previously noted pulmonary nodules along the inferior extent of the right oblique fissure, one remains stable and the other is no longer visualised. (image 3-44 vs prev3-45) . These are likely postinflammatory. No interval new mass or consolidation. Mild right basal pleural thickening with foci of calcification is noted again. No significant pleural effusion. The airways are patent. Within the limits of a non-contrast study, there is no significantly enlarged hilar, mediastinal, supraclavicular or axillary lymph node. Coronary artery calcification is noted. Multiple subcentimetre hypodensities are seen in both lobes of the liver which are too small to characterise on this nonenhanced study but may represent cysts. These can be further assessed with ultrasound if required. The bones appear osteopenic. No destructive bone lesion is seen. CONCLUSION 1. No obvious airway thickening, dilatation or CT evidence of air trapping on inspiratory/expiratory scans to suspect obliterative bronchiolitis on CT. 2. Scattered areas of scarring and right pleural thickening, as before. A few nonspecific right lung nodules which show interval improvement since last CT study, likely postinflammatory. Known / Minor Reported by: <DOCTOR>

Accession Number: f513f7ba85764e71a9c3a9da2e9b3d0932f20d6f8af464fec095c9e7afbda540

Updated Date Time: 15/7/2015 12:11