# Row 12078

Visit Number: bead96d2c4df5bf1f00cab39ac90cc380ea8df227efa97bf7e7129639fad1932

Masked\_PatientID: 12061

Order ID: 7a32cbf78078d7d0c27daa1d73ad5da5c0c12687cb11b3942377c0d76385559c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/2/2019 16:50

Line Num: 1

Text: HISTORY T1RF secondary to HAP in an immunocompromised host persistently hypoxaemic TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with previous chest radiographs and CTthorax dated 24 January 2019 and 8 January 2019. There is fairly acute and rapid development of bronchiectasis, fibrosis and volume loss in both lungs most severely affecting both lower lobes. Subpleural interlobular septal thickening is present which indicates pulmonary fibrosis. Pleural thickening is present in both lungs. There is no significant pleural effusion. The heart is enlarged. No significant pericardial effusion. Cardiac pacemaker and NG tube are in situ. Within the limits of unenhanced study, there is no enlarged axillary or mediastinal lymph node. Visualised upper abdomen reveals polycystic kidney disease as well as several hepatic cysts. Increased density of the liver suggests iron deposition. There is also colonic diverticulosis. No aggressive bony lesion. CONCLUSION Fairly rapid onset of bilateral pulmonary fibrosis with traction bronchiectasis, most severely affecting both lower lobes but is also affecting the rest of both lungs. This suggests recent insult to both lungs which may be related to recent infection or drug induced aetiology. Suggest clinical correlation. May need further action Finalised by: <DOCTOR>

Accession Number: c475c6781cf1768ee6d584b5a2e6401888096f11a1a943c42ec54da0e4370d0a

Updated Date Time: 13/2/2019 17:11