# Row 12302

Visit Number: 527ef393d4b33e47a94a5129fc64a6dfa7a098d097fa11f03b62a74da24b657c

Masked\_PatientID: 12299

Order ID: c6ef82860667a3abd4365a62726a09106023407470bdab5afc5ef309ade66e9b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/2/2017 9:31

Line Num: 1

Text: HISTORY Right Lower Lobe mass - treated previously for infection, non resolving TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS A nonenhanced study was performed. Note made of previous C X R s and CT chest study dated 10/10/2005. There is a heterogeneous density with solid cystic areas nearly completely replacing right lower lobe without any air bronchograms or cavitation within. This results in bulging of the major fissure. Some parts of right lower lobe lung parenchyma still remains aerated, particularly apical segment which contains background cystic and bronchiectatic changes. The right lower lobe segmental bronchi are occluded (apical segmental bronchus spared.). The right lower lobe descending pulmonary artery is also seen within this abnormal area. Appearances are highly suspicious for a neoplastic process, though some of changes could represent post obstructive changes. Background interstitial fibrosis changes in both lungs with architectural distortion and some traction bronchiectasis bilaterally. Small areas of honeycombing are also present which are not dominant findings. Appearances are likely due to background fibrotic NSI P. Some larger cystic areas are also present, particularly in the upper lungs. Some cystic changes were present on previous CT study of 2005 as well. There is some pleural thickening and pleural calcification in right hemithorax which may be related to either previous exudative effusion or pleurodesis if there is any such history. Remaining aerated lungs do not show any mass. The remaining major airways are patent. The right hilum is bulky (2-47), likely representing enlarged hilar nodes. Prominent right bronchopulmonary lymph nodes are also present (2-52). Unenhanced mediastinal vasculature appear grossly unremarkable. The right adrenal gland appears slightly bulky but without any focal mass, uncertain significance. No suspicious bony lesions. CONCLUSION 1. Changes of interstitial fibrosis in both lungs with some cystic areas and small areas of honeycombing. The changes are primarily fibrotic type of NSI P pattern of interstitial fibrosis and haveworsened since previous CT chest study of 10/10/2005. Most of the right lower lobe is occupied by a heterogeneous density (mix of soft tissue and fluid density) with occlusion of right lower lobe segmental bronchi (sparing apical segment) withno cavitation or air bronchograms. Appearances are highly suspicious for a neoplastic process, though some of the changes may represent postobstructive changes. There are enlarged lymph nodes at right hilum and right bronchopulmonary region. Mild right pleural thickening and calcification, also seen on previous CT study of 2005. This may be related to previous exudative right effusion or pleurodesis, if there is any such history. May need further action Finalisedby: <DOCTOR>

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