# Row 12420

Visit Number: 1aca10617c43fd8b8ea941977d17bfb655778e42e3b19561f3e457cfcb90140c

Masked\_PatientID: 12412

Order ID: 6eb3299699d80d12f03073b979f3a6142752828acbefba1c01a29d476ffa8528

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 01/10/2018 15:34

Line Num: 1

Text: HISTORY Bronchiectasis - previous MAC disease TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison made with previous CT thorax dated 27/9/2013. There is scarring in the lung apices bilaterally. In the apico-posterior segment of the left upper lobe, there is an irregular opacity with presence of air bronchograms approximately measuring 1.7 x 0.8 cm (image 2-15, 6-13). It demonstrates interval increase in size concerning for neoplastic lesion. Minimal adjacent ground-glass opacification noted along the medial and inferior aspect. It also abuts the oblique fissure inferiorly. Numerous scattered clusters of centrilobular nodules are seen involving all lobes some with tree-in-bud pattern, associated bronchial wall thickening, mild bronchiectasis and mucus plugging of the airways. There is interval increase in consolidation in the lingular segment whilst the peripheral focus of consolidation in the medial segment of the middle lobe and nodular changes in the right lung base has improved. Mild worsening of the nodular changes in the lateral segment of the middle and superior segment of the right lower lobe are noted. A tiny smoothly marginated 4 mm nodule in the lateral segment of the middle lobe is stable (image 3-37). The previously noted nodule in the left lung base is slightly smaller now measuring 6 mm (image 3-66). Small pleural effusions are present bilaterally. No enlarged intrathoracic or supraclavicular lymph node is present. The cardiac size is normal. The main pulmonary trunk is within normal limits. A few scattered hypodensities in the liver are too small to characterise. Again noted is a small calcific density at the posterior aspect of the central canal at T9-T10 level (image 3-57), grossly stable. No focal destructive bony lesion. CONCLUSION Increase in size of an irregular opacity in the apicoposterior segment of the left upper lobe albeit over a long period raises concern for a neoplastic lesion. Further histological correlation is suggested. Bilateral scattered centrilobular nodularity, bronchial wall thickening and bronchiectasis as described. Interval increase in lingular consolidation and mild worsening of the nodular changes in the middle and left lower lobes suggests ongoing infection. Some improvement of the nodular changes in the right lung base and peripheral consolidation in the middle lobe is noted. Bilateral new small pleural effusions. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: faeee2996ad44e662c584f1cd6800d4973c190be47776a86220567d2dea102c7

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