# Row 12421

Visit Number: 65353a84ec397adfb68d5773be275bb111bba16bc05fb5ca0be389b3781e163d

Masked\_PatientID: 12412

Order ID: 3cde3fb59cab0cfc4c2277464f661ab98bddee9cdf8e29e9bb0372422f75a403

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 25/4/2019 11:30

Line Num: 1

Text: HISTORY TNL kansasii disease. also has spiculated consolidation LUL - for FU TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Compared with study dated 01\10\2018. Bilateral apical scarring with some pleural thickening remains stable. A spiculated density measuring about 1.4 x 0.7 cm (5-23) in upper left lung abutting major fissure with air bronchograms within remains stable. Minimal adjacent ground-glass changes are present. This lesion is indeterminate. Airway thickening, with mild bronchiectasis atelectasis and some centrilobular nodularity are noted scattered in both lungs again, being worse in the lingula and right middle lobe as well as rightlower lobe. There is interval improvement of previously seen changes in the left lower lobe, lingula as well as right middle lobe . No interval new consolidation or nodularity. A 5 mm ground-glass density along left major fissure (5- 37) is stable. Another low density nodule measuring 7 mm in right middle lobe (5-53) is also stable, nonspecific and possibly postinflammatory. Bilateral small pleural effusions which appear to have improved in the interval. Major airways are patent. Mediastinal vasculature enhances normally. No enlarged lymph nodes. Included upper abdomen sections show stable tiny hepatic hypodensity, possibly cyst. No destructive bony lesions. Kyphosis of spine with reduced AP diameter of lower chest is notedagain. No bony destruction. An intraspinal calcific density at T9 level is noted again, fairly stable.. CONCLUSION 1. A spiculated density in left upper lung abutting fissure is stable since previous CT study of 01\10\2018. It is indeterminate and a neoplastic process cannot be excluded. No enlarged nodes 2. Bilateral areas of airway thickening, atelectasis, scarring and centrilobular nodularity. There is interval improvement of previously seen changes in the right middle lobe, lingula and left lower lobe. Some areas of centrilobular nodularity, particularly in right lung are still seen, indicating ongoing inflammatory\infective changes. No interval new consolidation. Bilateral small effusions show interval improvement Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: c915a9cacf68195ceaec8c229922617a1b8e75c2b49623830fd9e4e4565feb98

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