# Row 12439

Visit Number: b99d1f0b6bfbb71b9d7aec280b3912c62783e19daeb6f6757c4260062cb78b82

Masked\_PatientID: 12439

Order ID: 58546ce9936719f001d54ea6715350977a501a95db8b557f3c6f1bab39d38b64

Order Name: CT Chest

Result Item Code: CTCHE

Performed Date Time: 08/10/2015 21:00

Line Num: 1

Text: HISTORY hyponatremia for investigation ?lung related to assess obliterative bronchitis; AML-M1 s/p transplant, has know obliterative bronchitis TECHNIQUE High resolution scans of the thorax were acquired after the administration of50ml of intravenous Omnipaque 350. Inspiratory and expiratory scans were obtained. FINDINGS The previous CT chest done 31 August 2014 was reviewed. The expiratory phase is limited by suboptimal expiration. However, there is no convincing evidence of air trapping detected. No mosaic attenuation is seen in the lungs. A few foci of new ground-glass opacities are noted in the right upper lobe posterior segment and right lower lobe anterior segment, associated with mild airway wall thickening. There is interval improvement of bilateral peripheral consolidation in both upper lobes. Stable smooth interstitial thickening and mild airway thickening are noted in both lungs. There is mild fibrocalcific scarring and traction bronchiectasis, particularly in the right upper lobe. There is a stable 2mm calcified granuloma in the apical segment of the left upper lobe (7/22 vs previous 3/22). No suspicious pulmonary nodule/ mass is detected. No pleural effusion is seen. Normal opacification of the mediastinal vessels is present. No significantly enlarged hilar, mediastinal or axillary lymph nodes detected. The heart is normal in size. No pericardial effusion is seen. The 4mm calcification in the left breast is probably benign. There is a small hiatal hernia. The limited sections of the upper abdomen are unremarkable except for stable hypodensities of fluid density in both hepatic lobes, likely representing cysts. No destructive bony lesion is seen. CONCLUSION 1. A few new ground-glass opacities in the right upper and lower lobes, associated with adjacent airway thickening. No convincing evidence of air trapping ( within the limits of the suboptimal expiratory scan) or mosaic attenuation is detected. Overall findings favour an infection/inflammation rather than obliterative bronchiolitis. 2. Interval resolution of the previous consolidation in both upper lobes and right lower lobe. May need furtheraction Reported by: <DOCTOR>

Accession Number: 4d3e0cb180b14ba3bd15875917a17b4eb3884104c7849df900bbd85e16e331d1

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