# Row 1287

Visit Number: 38c8367e2c080e4783108501fcdca1f486018688b194fc413aa30907b534b8c3

Masked\_PatientID: 1282

Order ID: 319ac20ee30a86ce92d2aea7b27d38ad1991c566cf92d851248b5f78fe2e7b61

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 13/6/2019 16:42

Line Num: 1

Text: HISTORY 66 M on D6 Ceftazidime , currently PUO on b/g post RT lung changes for NPC with known NTM \E&E\amp; also Hx treated lung Ca INF on board and requested fro CTTAP ivo ongoing daily fevers Tmax 38.5 CT TAP result will change mx- if nil recurrent Ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS Comparison was made to the prior CT study dated 2 April 2019. THORAX The left lung again shows mostly collapse with volume loss, bronchiectasis and overall stable loculated left pneumothorax. Stable soft tissue thickening in the AP window (402-33 vs previous 05-51). There is mild increase in the left mediastinal pleural thickening now measuring 0.6 cm (402-39) vs previous 0.3 cm (05-58). New 1.6 x 1.2 cm soft tissue density in the left perihilar region presumably lymph node (402-42). There is interval fluid opacification of a previous dilated airway in the anterior left upper lobe (401-31). There is also interval increase in the multiple tiny nodularities and airway thickening in the basal left lower lobe likely related to airway inflammation. The right lung shows overall interval decrease in the nodular densities, for example there is near complete resolution of the cluster of nodules in the right lower lobe (prior 4-68). The larger nodular density/focal scarring in the right upper lobe (401-21) is stable since CT of May 2018, which may represent treated metastases or treated infection. There is again bronchiectasis with mucus plugging in the middle lobe, marginally decreased since the prior study. No new lung mass is noted. Small bilateral pleural effusions are present. The mediastinal vessels opacify normally. The heart is not enlarged. A sliver of pericardial effusion is seen. ABDOMEN AND PELVIS No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, spleen,pancreas, adrenal glands and the right kidney are unremarkable. Stable subcentimetre hypodensities in the left kidney are too small to characterise some of which were noted to be cysts on the prior ultrasound study dated 21 December 2018. No hydronephrosis. A gastrostomy tube is seen. The small and large bowel loops are normal calibre. A few uncomplicated cecal diverticula are present. The appendix is normal. The urinary bladder shows no sinister features. The prostate is not enlarged. Seminal vesicles are unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No ascites. Old left rib fractures are noted. No destructive bony process is seen. CONCLUSION Since last CT of Apr 2019, 1.Stable post-treatment changes at the aortopulmonary window. 2. Mostly stable changes in left lung, likely post-treatment. 3. New airway inflammation in left lung mostly in basal aspect, is likely infective. 4. New left hilar soft tissue, possibly a lymph node, potentially reactive but recurrence cannot be ruled out. 5. Increasing thickening of left mediastinal pleura is indeterminate. This may be followed on CT thorax after a course of treatment. 6. Improvement of infective changes of in the right lung. 7. No metastasis seen in the abdomen and pelvis. 8. Other minor findings as described. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: af4611f8499a0da8216752f02288efba3e44e3e694b33c5466e5558a50dcd8b1

Updated Date Time: 13/6/2019 19:26

## Layman Explanation

This radiology report discusses HISTORY 66 M on D6 Ceftazidime , currently PUO on b/g post RT lung changes for NPC with known NTM \E&E\amp; also Hx treated lung Ca INF on board and requested fro CTTAP ivo ongoing daily fevers Tmax 38.5 CT TAP result will change mx- if nil recurrent Ca TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 51 FINDINGS Comparison was made to the prior CT study dated 2 April 2019. THORAX The left lung again shows mostly collapse with volume loss, bronchiectasis and overall stable loculated left pneumothorax. Stable soft tissue thickening in the AP window (402-33 vs previous 05-51). There is mild increase in the left mediastinal pleural thickening now measuring 0.6 cm (402-39) vs previous 0.3 cm (05-58). New 1.6 x 1.2 cm soft tissue density in the left perihilar region presumably lymph node (402-42). There is interval fluid opacification of a previous dilated airway in the anterior left upper lobe (401-31). There is also interval increase in the multiple tiny nodularities and airway thickening in the basal left lower lobe likely related to airway inflammation. The right lung shows overall interval decrease in the nodular densities, for example there is near complete resolution of the cluster of nodules in the right lower lobe (prior 4-68). The larger nodular density/focal scarring in the right upper lobe (401-21) is stable since CT of May 2018, which may represent treated metastases or treated infection. There is again bronchiectasis with mucus plugging in the middle lobe, marginally decreased since the prior study. No new lung mass is noted. Small bilateral pleural effusions are present. The mediastinal vessels opacify normally. The heart is not enlarged. A sliver of pericardial effusion is seen. ABDOMEN AND PELVIS No suspicious focal hepatic lesion detected. No biliary obstruction discerned. Portal and hepatic veins enhance normally. The gallbladder, spleen,pancreas, adrenal glands and the right kidney are unremarkable. Stable subcentimetre hypodensities in the left kidney are too small to characterise some of which were noted to be cysts on the prior ultrasound study dated 21 December 2018. No hydronephrosis. A gastrostomy tube is seen. The small and large bowel loops are normal calibre. A few uncomplicated cecal diverticula are present. The appendix is normal. The urinary bladder shows no sinister features. The prostate is not enlarged. Seminal vesicles are unremarkable. No significantly enlarged intra-abdominal or pelvic lymph node is seen. No ascites. Old left rib fractures are noted. No destructive bony process is seen. CONCLUSION Since last CT of Apr 2019, 1.Stable post-treatment changes at the aortopulmonary window. 2. Mostly stable changes in left lung, likely post-treatment. 3. New airway inflammation in left lung mostly in basal aspect, is likely infective. 4. New left hilar soft tissue, possibly a lymph node, potentially reactive but recurrence cannot be ruled out. 5. Increasing thickening of left mediastinal pleura is indeterminate. This may be followed on CT thorax after a course of treatment. 6. Improvement of infective changes of in the right lung. 7. No metastasis seen in the abdomen and pelvis. 8. Other minor findings as described. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.