# Row 12847

Visit Number: 37cbfcf72c94f0c945a13e8336dce29a8f521a88b0b05cb4e2db7437b963a3a5

Masked\_PatientID: 12837

Order ID: 44e767dbf7acfd357bcea6f448f39bf5ed76945069129a9a43019838ccb8a749

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/10/2018 12:55

Line Num: 1

Text: HISTORY There is a 2.1 cm nodular density in the right lower zone not seen on the previous radiograph. to evaluate priot to respi appointment TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Reference made to prior CT Chest dated 22/04/2016 and CXR dated 20/06/2018. No suspicious pulmonary mass or consolidation. Trachea and central airways are patent. No pleural effusion. Mucous plugging and cystic bronchiectasis is again seen in the lingula. There is stable traction bronchiectasis in the superior segment of the left lower lobe, associated with mucous plugging and bronchial wall thickening. In addition, there aresmall centrilobular nodules in the superior segment of the left lower lobe and to a lesser extent at the posterobasal segment of the right lower lobe. The cluster of subcentimetre nodules at the anterior segment of the right upper lobe are less prominent (Se 5-43), likely representing post inflammatory changes. Patchy scarring/atelectasis is present predominantly in the periphery of both lungs, for e.g. at the right medial middle lobe, right anterior lower lobe, left anterior upper lobe. The heart is normal in size. No pericardial effusion is seen. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Imaged thyroid gland is unremarkable. The limited sections of the upper abdomen are unremarkable. No destructive bony lesion. Stable well-marginated lucent lesion in the T2 vertebral body, likely benign in nature. CONCLUSION Since CT chest dated 22 April 2016: 1. No suspicious pulmonary mass or confluent consolidation. 2. Bronchiectasis associated with bronchial wall thickening and mucous plugging predominantly in the left lung, with small centrilobular nodules in both basal lower lobes. Overall findings suggestan element of airway inflammation/endobronchial infection. 3. Other findings as described above. May need further action Reported by: <DOCTOR>

Accession Number: a6201046b97cab18fc9269f2916fb91e967337a21f4d54549b561f4e7df5e043

Updated Date Time: 04/10/2018 10:06