# Row 12841

Visit Number: bcc1ddd48cb0d808fde70aef96742c9abedb602aed688ab5fb8b6cca2679102b

Masked\_PatientID: 12837

Order ID: 19ca4ab354fc374c96782e889e211d5d3bea01893c37021ff4c2a90919e48429

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/4/2016 16:59

Line Num: 1

Text: HISTORY Post Rx of NTM TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison is made with the previous examination performed on 24 April 2015. No enlarged hilar or mediastinal lymph nodes are demonstrated. The heart size is normal. There is cystic bronchiectasis at the middle lobe. The anterior segmental bronchus also shows mild degree of peripheral bronchiectasis. The left lower lobe apical segment shows parenchymal distortion and mild airway dilatation that is likely related to traction bronchiectasis. There is also mild parenchymal distortion and scarring at the anterior segment of the left lower lobe. Peripheral opacification and atelectasis is also present at this segment. Peripheral tree in bud changes are present at the anterior segment of the right upper lobe. These changes are lying just above the transverse fissure. Minor atelectasis is present at themedial segment of the middle lobe. The portions of the upper abdomen included on this scan show no overt hepatic or splenic lesion. CONCLUSION There has been a significant improvement in the appearance of the pulmonary parenchyma, particularly that affecting the left upper lobe, left lower lobe and the middle lobe. Residual bronchiectasis with scarring is present in the previously affected regions and this is particularly marked at the lingular segment. On the current examination, there is some new peripheral inflammatory change at the anterior segment of the right upper lobe. May need further action Finalised by: <DOCTOR>

Accession Number: 48e0378b7d22be64bf24a4461aeb49e63c20280cdf4ad289bc1270c755f8dfdb

Updated Date Time: 25/4/2016 10:34