# Row 1302

Visit Number: 8ca76a6042b297b695c0f256e23aae1953e632089d89cbc547033ba2307e1d1a

Masked\_PatientID: 1299

Order ID: 41a4bf8ae57d3b463ff6f2a0f9c82cc6259b18d498192ee958730607ddcccc06

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 04/12/2019 15:24

Line Num: 1

Text: HISTORY Persustent cough and restrictive physiology TECHNIQUE Unenhanced scans of the thorax. High resolution images obtained. FINDINGS Comparison made with the CT pulmonary angiogram of 18 December 2010. Chest radiographs dating back to 7 November 2006 were also noted. Previous coronary artery bypass grafting noted. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is seen. Heart size is normal. No pericardial effusion is seen. No honeycombing, abnormal reticulation, pulmonary nodule, mass or consolidation is seen. There is stable mild dilatation of the right lower lobe airways. Small focus of ground glass opacification in the left lower lobe posterior basal segment (3-78) is presumably inflammatory. The central airways are patent. No pleural effusion is detected. There is chronic elevation of the right hemidiaphragm with atelectasis at the right lung base. The limited sections of the upper abdomen reveal prior cholecystectomy. No destructive bone lesion detected. CONCLUSION No interstitial lung fibrosis detected. Chronic elevation of the right hemidiaphragm with stable mild airway dilatation in the right lower lobe Report Indicator: Known / Minor Finalisedby: <DOCTOR>

Accession Number: 022abbaef3fc91ff570abd46a9f438ac504f177e7fa53f1b05381dae9b93b2fd

Updated Date Time: 05/12/2019 10:43

## Layman Explanation

This radiology report discusses HISTORY Persustent cough and restrictive physiology TECHNIQUE Unenhanced scans of the thorax. High resolution images obtained. FINDINGS Comparison made with the CT pulmonary angiogram of 18 December 2010. Chest radiographs dating back to 7 November 2006 were also noted. Previous coronary artery bypass grafting noted. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is seen. Heart size is normal. No pericardial effusion is seen. No honeycombing, abnormal reticulation, pulmonary nodule, mass or consolidation is seen. There is stable mild dilatation of the right lower lobe airways. Small focus of ground glass opacification in the left lower lobe posterior basal segment (3-78) is presumably inflammatory. The central airways are patent. No pleural effusion is detected. There is chronic elevation of the right hemidiaphragm with atelectasis at the right lung base. The limited sections of the upper abdomen reveal prior cholecystectomy. No destructive bone lesion detected. CONCLUSION No interstitial lung fibrosis detected. Chronic elevation of the right hemidiaphragm with stable mild airway dilatation in the right lower lobe Report Indicator: Known / Minor Finalisedby: <DOCTOR>. In simpler terms, this means...

## Summary

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