# Row 13085

Visit Number: 0c8721659a25e56cf429913188804d37b58d049d60d839fc890f15d1a0690270

Masked\_PatientID: 13085

Order ID: 003d8370a8c3c15606eec6a7f79068f58b8359448ef7588ab5acd51e9de140c5

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 31/5/2016 9:51

Line Num: 1

Text: HISTORY COUGH, BI BASAL REPTS, POLY ARTHRALGIA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil. FINDINGS No previous comparable CT study on PACS or NNJA. The chest radiographs of 29 and 30 May 2016 were reviewed. There is bibasal traction bronchiectasis with interlobular septal thickening, subpleural honeycomb formation and mild ground-glass opacities. Milder changes are also noted in the middle lobe and lingula segments of the left upper lobe. An apico-basal gradient of severity is noted. No suspicious pulmonary mass is seen. Right apical blebs are noted. There is no pleural effusion. The heart is enlarged. No pericardial effusion seen. A few small hypodense foci are noted in the thyroid gland, the largest measuring approximately 1.5 cm in the right thyroid lobe. No enlarged mediastinal lymph node is seen. Within the limits of this noncontrast study, there is no contour deforming lesion of the visualised upper abdominal viscera. No destructive bony lesion is seen. CONCLUSION Predominantly bilateral lower lobe fibrosis with appearances suggestive of usual interstitial pneumonia (UIP) type pattern. May need further action Reported by: <DOCTOR>

Accession Number: 71fb4212d2bfb51dea26640daf8a95147394cd3cbfc81752a774b99590b3dfe6

Updated Date Time: 31/5/2016 11:38