# Row 13470

Visit Number: 24fc622e0d4d4b5dafad9bd85e5b12144dc41c1cd6641641dd1272e68b7c407e

Masked\_PatientID: 13469

Order ID: a226d66e427da05ea64a2d3620bd5138ecf61a901e4cf824e5c2e866f0b19f7e

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 24/8/2015 15:11

Line Num: 1

Text: HISTORY bronchiectasis ? NTM TECHNIQUE Non-contrast high-resolution scans of the thorax were acquired. FINDINGS The previous chest radiograph done 30 April 2015 and CT chest done 8 April 2013 were reviewed. There is interval increase in number of branching tree-in-bud centrilobular nodules in the middle lobe, posterobasal segment of the right lower lobe, anterior segment of the left upper lobe, lingula and left lower lobe. There is worsening of airway dilatation and thickening in these areas. Increased mucus plugging in the distal airways of the left lower lobe is also noted. Overall findings are in keeping with active infection/inflammation. Non-tuberculous mycobacterial infection should be considered. Interval resolution of focal consolidation in the posterobasal segment of the right lower lobe (previous 5/60) is noted. No suspicious pulmonary mass or pleural effusion is identified. Stable pleural thickening is present in both lung apices. Stable small mediastinal lymph nodes are seen, which may be reactive. No significantly enlarged intrathoracic lymph node is seen in this non-contrast study. The heart is normal in size. No pericardial effusion is detected. The ascending thoracic aorta is ectatic, measuring 3.8 cm in maximal diameter at the level of the pulmonary trunk bifurcation (3/42). Stable hypodense lesions are seen in the liver, the largest measuring 2.2 x 2.9 cm in segment 7 (3/96). The larger lesions represent cysts while the subcentimetre ones are too small to characterise. Previous cholecystectomy is noted. A stable subcentimetre hypodensity of fatty attenuation is noted in the left renal upper pole, possibly representing a small angiomyolipoma. No destructive bony lesion is seen. CONCLUSION 1. Interval increase in extensive centrilobular nodules in both lungs, associated with worsening bronchiectasis. Overall findings are suggestive of active inflammation/infection. A non-tuberculous mycobacterial infection should be considered given the distribution and overall appearances. 2. Stable small mediastinal lymph nodes, which are possibly reactive. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: fbd0983a7bd75e591326c1601b11b5c8380df07b9e3ca0699490d4f0b143a244

Updated Date Time: 25/8/2015 18:44