# Row 1402

Visit Number: 16d0c24ca31291b6d6ae56d8d3f33d9e04fa576abaee0497a891c718c7f7b2ea

Masked\_PatientID: 1396

Order ID: 6a69174a705f92d13b1571898278dd3f3d873185ff56278330f632a63b6602f8

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 03/4/2017 17:39

Line Num: 1

Text: HISTORY hx of ? hypersensitivity pneumonitis vs org pneumonia - adm to TTSH in 2016 with HRCT done. no sig exposures hx. ex smoker of less than 10 pack yrs. spiro: restrictive pattern, awaiting lung vol and DLCO results TECHNIQUE Scans acquired as per department protocol. Both inspiratory and expiratory scans. No intravenous contrast FINDINGS Note made of previous CT chest done at TTSH dated 06/07/2016. Note also made of previous C X Rs. Heterogeneous attenuation of lung parenchyma with prominent air trapping on expiratory phase scan. There is some irregular septal thickening in both lungs which appears to be patchy and asymmetric, more apparent in right lower lobe as well as around the major central airways. Some subpleural cystic changes in anterior upper lobes. Some ground-glass density areas are also present. Most of these changes appear similar to previous CT study from T TSH. However some ground-glass areas seen on previous CT study (for example in right upper lobe) have improved now. No significant honeycombing. No significant nodularity. Mild airway thickening is present bilaterally without bronchiectasis. No discrete lung mass or nodules. Major airways are patent. Unenhanced mediastinal vasculature appears grossly unremarkable.. Small volume to borderline prominent nodes in mediastinum, particularly in subcarinal region, also seen previously, appearing fairly similar. No pleural or pericardial effusions. Included upper abdomen sections are grossly clear. No destructive bony lesions. CONCLUSION 1. Patchy interstitial thickening associated with mild fibrosis, majority of which appears centred around airways. Some ground-glass opacities and also air trapping but without obvious nodularity. Mild airway thickening is also present without bronchiectasis. Overall appearances are of patchy interstitial fibrosis (not in UIP or NSIP pattern) with air trapping. Imaging wise hypersensitivity pneumonitis would be a possibility, (if no convincing usual inciting agent identified , any possible role of ? antiepileptic medication). Compared to previous CT study of 2016, some of the previously seen ground glass changes have improved in current scan. May need further action Reported by: <DOCTOR>

Accession Number: 1277205411be6f44ae862843705884baa1c2cf930d506806bfba95a871da2507

Updated Date Time: 05/4/2017 9:46

## Layman Explanation

This radiology report discusses HISTORY hx of ? hypersensitivity pneumonitis vs org pneumonia - adm to TTSH in 2016 with HRCT done. no sig exposures hx. ex smoker of less than 10 pack yrs. spiro: restrictive pattern, awaiting lung vol and DLCO results TECHNIQUE Scans acquired as per department protocol. Both inspiratory and expiratory scans. No intravenous contrast FINDINGS Note made of previous CT chest done at TTSH dated 06/07/2016. Note also made of previous C X Rs. Heterogeneous attenuation of lung parenchyma with prominent air trapping on expiratory phase scan. There is some irregular septal thickening in both lungs which appears to be patchy and asymmetric, more apparent in right lower lobe as well as around the major central airways. Some subpleural cystic changes in anterior upper lobes. Some ground-glass density areas are also present. Most of these changes appear similar to previous CT study from T TSH. However some ground-glass areas seen on previous CT study (for example in right upper lobe) have improved now. No significant honeycombing. No significant nodularity. Mild airway thickening is present bilaterally without bronchiectasis. No discrete lung mass or nodules. Major airways are patent. Unenhanced mediastinal vasculature appears grossly unremarkable.. Small volume to borderline prominent nodes in mediastinum, particularly in subcarinal region, also seen previously, appearing fairly similar. No pleural or pericardial effusions. Included upper abdomen sections are grossly clear. No destructive bony lesions. CONCLUSION 1. Patchy interstitial thickening associated with mild fibrosis, majority of which appears centred around airways. Some ground-glass opacities and also air trapping but without obvious nodularity. Mild airway thickening is also present without bronchiectasis. Overall appearances are of patchy interstitial fibrosis (not in UIP or NSIP pattern) with air trapping. Imaging wise hypersensitivity pneumonitis would be a possibility, (if no convincing usual inciting agent identified , any possible role of ? antiepileptic medication). Compared to previous CT study of 2016, some of the previously seen ground glass changes have improved in current scan. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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