# Row 1432

Visit Number: 3737cb96c4403e79c66ef34fe40b32ddb4750240891c03760ddc2cbb33a774e8

Masked\_PatientID: 1422

Order ID: 4998c60ee1d51e95b4a9f89585b22861af94d4d1f1c91ad68474df9aa804034c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/11/2016 15:19

Line Num: 1

Text: HISTORY persistent neutropenic fever with runny nose , recent tx for parainfluenza pneumonia vs fungal lung infection recent CT chest showed right lung consolidation , empirically treated as for fungal lung infection with ambisome. for re-evaluation of chest TECHNIQUE Scans acquired as per department protocol. No intravenous contrast was given. FINDINGS The previous CT chest dated 14/10/2016 was reviewed. Stable mildly enlarged right upper paratracheal and subcarinal lymph nodes are detected which appear necrotic in the previous contrast enhanced CT. Within limits of this noncontrast scan, the previously visualised right hilar lymph node also appears stable. The tip of the right PICC line is in the cavoatrial junction. The heart is normal in size. No pericardial effusion is seen. The right thyroid nodule is better visualised in the previous CT scan with I/V contrast. Aberrant right subclavian artery is noted. As previously noted, there is consolidation in the middle lobe. Since the previous scan, there is interval increase in number of the ground glass and solid nodules mainly in the centrilobular distribution in both lungs. There is generalised peribronchial thickeningin both lungs and mucus plugging in the subsegmental branches of the right lower lobe. Smooth interlobular septal thickening is also appreciated in bilateral lower lobes. There is no pleural effusion. The included upper abdomen show stable calcification in the right hepatic lobe subcentimetre hypodensities in the right hepatorenal that are likely due to cysts. Uncomplicated cholelithiasis is noted. No destructive bone lesion is seen. CONCLUSION Since 14/10/2016: There are paratracheal, precarinal and subcarinal lymphadenopathy which are unchanged in size but appear necrotic on the previous contrast enhanced CT. Lymphadenitis secondary to mycobacterium infection is likely. Consolidation is again seen in the middle lobe. In addition there are increased ground-glass densities and solid pulmonary nodules in both lungs. There is new mucus plugging in the right lower lobe and smooth interlobular septal thickening in bilateral lower lobes. These findings are suspicious for atypical chest infection such as viral chest infection. Correlation with microbiology findings required. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 21e88c1c2f34438ecae404cf13e5b2995f99516cf8bd0ba3b3ece646db4932b5

Updated Date Time: 03/11/2016 17:31

## Layman Explanation

This radiology report discusses HISTORY persistent neutropenic fever with runny nose , recent tx for parainfluenza pneumonia vs fungal lung infection recent CT chest showed right lung consolidation , empirically treated as for fungal lung infection with ambisome. for re-evaluation of chest TECHNIQUE Scans acquired as per department protocol. No intravenous contrast was given. FINDINGS The previous CT chest dated 14/10/2016 was reviewed. Stable mildly enlarged right upper paratracheal and subcarinal lymph nodes are detected which appear necrotic in the previous contrast enhanced CT. Within limits of this noncontrast scan, the previously visualised right hilar lymph node also appears stable. The tip of the right PICC line is in the cavoatrial junction. The heart is normal in size. No pericardial effusion is seen. The right thyroid nodule is better visualised in the previous CT scan with I/V contrast. Aberrant right subclavian artery is noted. As previously noted, there is consolidation in the middle lobe. Since the previous scan, there is interval increase in number of the ground glass and solid nodules mainly in the centrilobular distribution in both lungs. There is generalised peribronchial thickeningin both lungs and mucus plugging in the subsegmental branches of the right lower lobe. Smooth interlobular septal thickening is also appreciated in bilateral lower lobes. There is no pleural effusion. The included upper abdomen show stable calcification in the right hepatic lobe subcentimetre hypodensities in the right hepatorenal that are likely due to cysts. Uncomplicated cholelithiasis is noted. No destructive bone lesion is seen. CONCLUSION Since 14/10/2016: There are paratracheal, precarinal and subcarinal lymphadenopathy which are unchanged in size but appear necrotic on the previous contrast enhanced CT. Lymphadenitis secondary to mycobacterium infection is likely. Consolidation is again seen in the middle lobe. In addition there are increased ground-glass densities and solid pulmonary nodules in both lungs. There is new mucus plugging in the right lower lobe and smooth interlobular septal thickening in bilateral lower lobes. These findings are suspicious for atypical chest infection such as viral chest infection. Correlation with microbiology findings required. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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