# Row 1441

Visit Number: eeadd9fe07aa6e8f678d7eb6fd979a86652136856e8cbd7fc846fd3bdc2ee5e7

Masked\_PatientID: 1440

Order ID: 02611c2e2a869bff072e7b82391009bd89d280030150cdb657f14b09ba669933

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 25/11/2016 10:29

Line Num: 1

Text: HISTORY history of systemic sclerosis with worsening SOB TRO ILD TECHNIQUE Non-enhanced CT scan of the point was acquired. FINDINGS Comparison was made with the previous HRCT Chest dated 07/7/2015. Previous Chest radiograph dated 20/11/2016 was reviewed. The heart is mildly enlarged. There are bilateral moderately sized pleural effusions with associated secondary collapse of both lower lobes. Diffuse bilateral ground – glass opacifications are seen in both lungs, sparing the lung apices. In addition there are smooth septal thickening in the lungs bilaterally. These changes most likely represents interstitial and alveolar oedema secondary to cardiac failure. There is no honeycombing to suggestinterstitial lung disease, but the lower lobes cannot be assessed due to collapse secondary to the pleural effusions. There is stable minor scarring in the right apex. The previously noted 4mm pulmonary nodule in the right upper lobe is not identified. There is a silver of pericardial effusion seen in the antero-lateral aspect of the left pericardium. Diffuse atherosclerotic changes are seen along the aorta and the coronary arteries (LAD, LCX and RCA). Calcification of the mitral annulus is also noted. The oesophagus is patulous in keeping with known systemic sclerosis. The right subclavian artery arises from the aorta and courses posteriorly to the oesophagus, a normal anatomical variant. The pulmonary artery trunk measures 2.4 cm, within normal limits. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. The appended upper abdomen appears unremarkable. No destructive bony lesion is seen. Degenerative changes are noted within the thoracic vertebrae. CONCLUSION Mild cardiomegaly with moderately sized pleural effusions. Bilateral mild but extensive ground-glass opacifications and septal thickening. These features are in keeping with cardiac failure. No honeycombing to suggest established fibrosis seen but the lower lobes cannot be assessed due to collapse. May need further action Reported by: <DOCTOR>

Accession Number: fd709b773234c13ebb07c3f709451aeef3f91b9c94f3a6e22f3c37bfadfad0f4

Updated Date Time: 25/11/2016 12:45

## Layman Explanation

This radiology report discusses HISTORY history of systemic sclerosis with worsening SOB TRO ILD TECHNIQUE Non-enhanced CT scan of the point was acquired. FINDINGS Comparison was made with the previous HRCT Chest dated 07/7/2015. Previous Chest radiograph dated 20/11/2016 was reviewed. The heart is mildly enlarged. There are bilateral moderately sized pleural effusions with associated secondary collapse of both lower lobes. Diffuse bilateral ground – glass opacifications are seen in both lungs, sparing the lung apices. In addition there are smooth septal thickening in the lungs bilaterally. These changes most likely represents interstitial and alveolar oedema secondary to cardiac failure. There is no honeycombing to suggestinterstitial lung disease, but the lower lobes cannot be assessed due to collapse secondary to the pleural effusions. There is stable minor scarring in the right apex. The previously noted 4mm pulmonary nodule in the right upper lobe is not identified. There is a silver of pericardial effusion seen in the antero-lateral aspect of the left pericardium. Diffuse atherosclerotic changes are seen along the aorta and the coronary arteries (LAD, LCX and RCA). Calcification of the mitral annulus is also noted. The oesophagus is patulous in keeping with known systemic sclerosis. The right subclavian artery arises from the aorta and courses posteriorly to the oesophagus, a normal anatomical variant. The pulmonary artery trunk measures 2.4 cm, within normal limits. No significantly enlarged hilar, mediastinal or axillary lymph node is seen. The appended upper abdomen appears unremarkable. No destructive bony lesion is seen. Degenerative changes are noted within the thoracic vertebrae. CONCLUSION Mild cardiomegaly with moderately sized pleural effusions. Bilateral mild but extensive ground-glass opacifications and septal thickening. These features are in keeping with cardiac failure. No honeycombing to suggest established fibrosis seen but the lower lobes cannot be assessed due to collapse. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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