# Row 1633

Visit Number: c39d9316f4149ba7669933bf53ee6a678acabbb7570337058d2a91b8956a6891

Masked\_PatientID: 1611

Order ID: b7accd29a454425a7621543c977311885fd23647fc35761516a69a758500c276

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/5/2015 19:39

Line Num: 1

Text: HISTORY lung nodule ? infective vs disease on previous CT thorax Having fever ? lung nodule related vs malignant fever known case of AITL on chemo TECHNIQUE sScans acquired as per department protocol. Intravenous contrast: Nil. FINDINGS Comparison was made with previous PET/CT of 10 April 2015 and CT thorax of 6 March 2015. Suboptimal study in the absence of intravenous contrast. There is bilateral pulmonary consolidation, which is new in bilateral upper lobes and the middle lobes with worsening consolidation in bilateral lower lobes. Some of these are associated with air bronchograms. No significant pleural effusion is seen. The trachea and major bronchi are patent. A right PICC line is in situ with its tip at the junction of the superior vena cava and right atrium. There is no pericardial effusion. Several prominent right paratracheal lymph nodes are noted. Some appear larger; for example a lower right paratracheal node now measures 1.6 x 1.2 cm versus 1.6 x 0.7 cm previously (image 80364/36 versus 3/105 previously in April 2015). No destructive bony lesion is seen. Within the limits of this noncontrast study, no contour deforming lesion of the visualised upper abdominal organs is seen. CONCLUSION There are new bilateral pulmonary consolidation, with new changes in the upper lobes and middle lobe and worsening in the lower lobes. These are more likely related to infective or inflammatory changes. The mediastinal lymph nodes are marginally more prominent currently, which may be due to reactive change. May need further action Reported by: <DOCTOR>

Accession Number: fddb658882b9f87893dbf6f4720b1d57164e886981136807ba0cd1a733e95e14

Updated Date Time: 07/5/2015 11:49

## Layman Explanation

This radiology report discusses HISTORY lung nodule ? infective vs disease on previous CT thorax Having fever ? lung nodule related vs malignant fever known case of AITL on chemo TECHNIQUE sScans acquired as per department protocol. Intravenous contrast: Nil. FINDINGS Comparison was made with previous PET/CT of 10 April 2015 and CT thorax of 6 March 2015. Suboptimal study in the absence of intravenous contrast. There is bilateral pulmonary consolidation, which is new in bilateral upper lobes and the middle lobes with worsening consolidation in bilateral lower lobes. Some of these are associated with air bronchograms. No significant pleural effusion is seen. The trachea and major bronchi are patent. A right PICC line is in situ with its tip at the junction of the superior vena cava and right atrium. There is no pericardial effusion. Several prominent right paratracheal lymph nodes are noted. Some appear larger; for example a lower right paratracheal node now measures 1.6 x 1.2 cm versus 1.6 x 0.7 cm previously (image 80364/36 versus 3/105 previously in April 2015). No destructive bony lesion is seen. Within the limits of this noncontrast study, no contour deforming lesion of the visualised upper abdominal organs is seen. CONCLUSION There are new bilateral pulmonary consolidation, with new changes in the upper lobes and middle lobe and worsening in the lower lobes. These are more likely related to infective or inflammatory changes. The mediastinal lymph nodes are marginally more prominent currently, which may be due to reactive change. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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