# Row 1823

Visit Number: e1f469ff903de067ca42d4180d544ca8df4c7a261ff3d478031db1159c385cd6

Masked\_PatientID: 1823

Order ID: 6fe9b049335cc7b1edbfd48d30ad62a5376018498c19015cf14fdb06e25cb5f2

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/10/2017 0:43

Line Num: 1

Text: HISTORY adm for SOB, on nivolumab for R shoulder malignant melanoma. not improved with nebs. b/g asthma. already given hydrocortisone 10mg 8am, 5mg 2pm. ?pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous FDG PET/CT dated 7 September 2017 was reviewed. There is narrowing of the left lower lobe bronchus with soft tissue / fluid density material extending to the segmental bronchi. There is associated complete collapse of the left lower lobe as shown by a triangular wedge shaped triangular opacity in the left hemithorax. There is associated compensatory hyperinflation of the left upper lobe. Mild atelectasis is seen in thelingular segment. The right lung is unremarkable. No suspicious pulmonary nodule or focal consolidation is detected. No pleural or pericardial effusion is detected. The heart is normal size. No significantly enlarged hilar or mediastinal lymph node is present. A few non-specific small volume right upper paratracheal lymph nodes are noted. incidental note of bovine arch (normal variant). The visualised upper abdomen is unremarkable. No bony destruction. CONCLUSION Since the FDG PET/CT dated 7 Sep 2017: Interval narrowing of the left lower lobe bronchus and its segmental branches with soft tissue thickening / fluid resulting in complete left lower lobe collapse. Central obstructing mass needs be excluded and evaluation with bronchoscopy is suggested. Further action or early intervention required Vimbai Chekenyere , Senior Resident , 16498D Finalised by: <DOCTOR>

Accession Number: 46bf35f1839bc45537d8cc33c3eca0ebbad4155d6e154a91ad16162d8c353063

Updated Date Time: 14/10/2017 10:43

## Layman Explanation

This radiology report discusses HISTORY adm for SOB, on nivolumab for R shoulder malignant melanoma. not improved with nebs. b/g asthma. already given hydrocortisone 10mg 8am, 5mg 2pm. ?pneumonitis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous FDG PET/CT dated 7 September 2017 was reviewed. There is narrowing of the left lower lobe bronchus with soft tissue / fluid density material extending to the segmental bronchi. There is associated complete collapse of the left lower lobe as shown by a triangular wedge shaped triangular opacity in the left hemithorax. There is associated compensatory hyperinflation of the left upper lobe. Mild atelectasis is seen in thelingular segment. The right lung is unremarkable. No suspicious pulmonary nodule or focal consolidation is detected. No pleural or pericardial effusion is detected. The heart is normal size. No significantly enlarged hilar or mediastinal lymph node is present. A few non-specific small volume right upper paratracheal lymph nodes are noted. incidental note of bovine arch (normal variant). The visualised upper abdomen is unremarkable. No bony destruction. CONCLUSION Since the FDG PET/CT dated 7 Sep 2017: Interval narrowing of the left lower lobe bronchus and its segmental branches with soft tissue thickening / fluid resulting in complete left lower lobe collapse. Central obstructing mass needs be excluded and evaluation with bronchoscopy is suggested. Further action or early intervention required Vimbai Chekenyere , Senior Resident , 16498D Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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