# Row 2624

Visit Number: 5db5ea2bbe5fbe392766b9ebd39dabf3e95aaeccb99b61d6a713411fc80f6ff5

Masked\_PatientID: 2609

Order ID: f33d85b2178ce2a76ec8aaae45ef65d53ecb282e71efec0c91781b0a45c2a9cf

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 05/4/2019 12:17

Line Num: 1

Text: HISTORY underlying bronchiectasis with recurrent infective exacerbations, 4 times this year to assess underlying lung parenchyma for underlying cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Posterior bowing of the trachea and main bronchi suggests scan was performed in expiration. There are patchy areas of consolidation and ground-glass change scattered in both lungs, relatively sparing the left lower lobe. There is associated bronchial wall thickening. There are also associated architectural distortion suggestive of underlying scarring. Mild background emphysematous changes are present, mainly in the upper lobes There are bilateral small volume pleural effusions. There is no overt bronchiectasis or honeycombing. The heart is not enlarged. Status post CABG. There is no significant pericardial effusion. Within the limits of this unenhanced scan there is no gross mediastinal, hilar, supraclavicular or axillary adenopathy. Feeding tube is seen with its tip traced to the stomach. The included unenhanced upper abdomen is otherwise grossly unremarkable. There is no destructive bony lesion. CONCLUSION Patchy areas of airspace inflammation areseen in both lungs. There is associated background scarring and mild airway inflammation. Overall findings are suspicious of infective aetiology. There are small bilateral pleural effusions which could be reactive. No overt bronchiectasis. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: a685799596a9c23b06df02657d14bcd601dcf192f5924ea8ad8e34894ad9c978

Updated Date Time: 05/4/2019 14:07

## Layman Explanation

This radiology report discusses HISTORY underlying bronchiectasis with recurrent infective exacerbations, 4 times this year to assess underlying lung parenchyma for underlying cause TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Posterior bowing of the trachea and main bronchi suggests scan was performed in expiration. There are patchy areas of consolidation and ground-glass change scattered in both lungs, relatively sparing the left lower lobe. There is associated bronchial wall thickening. There are also associated architectural distortion suggestive of underlying scarring. Mild background emphysematous changes are present, mainly in the upper lobes There are bilateral small volume pleural effusions. There is no overt bronchiectasis or honeycombing. The heart is not enlarged. Status post CABG. There is no significant pericardial effusion. Within the limits of this unenhanced scan there is no gross mediastinal, hilar, supraclavicular or axillary adenopathy. Feeding tube is seen with its tip traced to the stomach. The included unenhanced upper abdomen is otherwise grossly unremarkable. There is no destructive bony lesion. CONCLUSION Patchy areas of airspace inflammation areseen in both lungs. There is associated background scarring and mild airway inflammation. Overall findings are suspicious of infective aetiology. There are small bilateral pleural effusions which could be reactive. No overt bronchiectasis. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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