# Row 2674

Visit Number: 0f27ad3e0afc13acc10416de57589dce65a9761ae1905e34587b7eab7587ee02

Masked\_PatientID: 2668

Order ID: db8575858fb2edf48be1ba3ae9761cb5cda8112155905efd8d107dcab2539e14

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 21/3/2019 14:38

Line Num: 1

Text: HISTORY possible bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS No prior relevant study is available for comparison. Previous chest x-ray of 31\01\2090 was also reviewed. Previouslyseen left lingular and left lower lobe consolidations has resolved with post inflammatory changes consisting of linear nodular densities and mild airway dilatation. Scattered areas of residual airway thickening with areas of tree in bud change are seen in right middle, lateral segment of right lower and superior segment of right upper lobe. There is no suspicious mass, consolidation or pleural effusion. No enlarged hilar, mediastinal, supraclavicular and axillary lymph nodes. The major airways are patent with no endobronchial lesion. There is enlargement of right atrium and ventricle. No pericardial effusion. Focal atherosclerotic calcification seen in aortic arch. Included upper abdomen is unremarkable. No destructivebone lesion. CONCLUSION Previously seen consolidation in the left lower lung has resolved with post inflammatory changes. Mild residual airway changes seen in right middle, lateral segment of right lower and superior segment of right upper lobe in keeping with minor regions of inflammatory change. No gross bronchiectasis is demonstrated. No significant consolidation , pleural effusion or enlarged thoracic lymph nodes. Report Indicator: Known \ Minor Reported by: <DOCTOR>

Accession Number: b7e9557d52a145ccb8069c439109df1d1f410124c7223a0c9f42a2db3143541a

Updated Date Time: 22/3/2019 16:46

## Layman Explanation

This radiology report discusses HISTORY possible bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS No prior relevant study is available for comparison. Previous chest x-ray of 31\01\2090 was also reviewed. Previouslyseen left lingular and left lower lobe consolidations has resolved with post inflammatory changes consisting of linear nodular densities and mild airway dilatation. Scattered areas of residual airway thickening with areas of tree in bud change are seen in right middle, lateral segment of right lower and superior segment of right upper lobe. There is no suspicious mass, consolidation or pleural effusion. No enlarged hilar, mediastinal, supraclavicular and axillary lymph nodes. The major airways are patent with no endobronchial lesion. There is enlargement of right atrium and ventricle. No pericardial effusion. Focal atherosclerotic calcification seen in aortic arch. Included upper abdomen is unremarkable. No destructivebone lesion. CONCLUSION Previously seen consolidation in the left lower lung has resolved with post inflammatory changes. Mild residual airway changes seen in right middle, lateral segment of right lower and superior segment of right upper lobe in keeping with minor regions of inflammatory change. No gross bronchiectasis is demonstrated. No significant consolidation , pleural effusion or enlarged thoracic lymph nodes. Report Indicator: Known \ Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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