# Row 2799

Visit Number: 03e770a6eef498f0e20e45f279725c721782f32a2131deedbfd24478c8bf6bbb

Masked\_PatientID: 2790

Order ID: 2e7a2e67af9b5d1dfd65c86518d59ec844927e5f55417a1767f8041d4cc70c4f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/5/2018 11:29

Line Num: 1

Text: HISTORY Thick-walled cavitating lesion in LMZ. history of RA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Serial chest radiographs were reviewed. There was history of recent chest infection. There is a cavitating lesion with fluid level in the left lower lobe, abutting the left oblique fissure and tethering it. The wall of the cavity is thickened at the posterior aspect (11-16) and superior aspect (5-43). There is air bronchogram and adjacent ground-glass changes in the left lower lobe. In the right lower lobe, there is bronchial wall thickening with debris within airways as well as patchy consolidation and ground-glass changes, indicating inflammatory change. The pulmonary arteries are enlarged, indicating pulmonary arterial hypertension. There are hypodense thrombus along the wall of the pulmonary arteries such as in the right pulmonary artery (5-48), extending to theright lower lobe segmental pulmonary arteries and also in the left lower lobe segmental pulmonary arteries, representing chronic pulmonary embolism. Atherosclerotic disease of the thoracic aorta is noted. In the visualised upper abdomen, gallstones are present. The bones are osteopenic and degenerative changes are present. CONCLUSION Thick walled cavity with fluid level in the left lower lobe. The wall of the cavity is thickened at the posterior and superior aspect and this is indeterminate. Inview of recent history of chest infection, this is probably inflammatory but continued follow-up is required. Bronchial wall thickening with mucous plugging of the airways and patchy ground-glass changes predominantly in both lower lobes, representing airway inflammation. There is evidence of chronic thromboembolic disease with thrombus along wall of the pulmonary arteries, worse on the right involving the right main pulmonary artery extending to the right lower lobe and also in the left lower lobe segmental pulmonary arteries. Pulmonary hypertension is present. May need further action Finalised by: <DOCTOR>

Accession Number: 583736dcc20effaade6f785ce5b09d653028a12c4b93b5ed007e46675db3cef7

Updated Date Time: 15/5/2018 11:39

## Layman Explanation

This radiology report discusses HISTORY Thick-walled cavitating lesion in LMZ. history of RA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Serial chest radiographs were reviewed. There was history of recent chest infection. There is a cavitating lesion with fluid level in the left lower lobe, abutting the left oblique fissure and tethering it. The wall of the cavity is thickened at the posterior aspect (11-16) and superior aspect (5-43). There is air bronchogram and adjacent ground-glass changes in the left lower lobe. In the right lower lobe, there is bronchial wall thickening with debris within airways as well as patchy consolidation and ground-glass changes, indicating inflammatory change. The pulmonary arteries are enlarged, indicating pulmonary arterial hypertension. There are hypodense thrombus along the wall of the pulmonary arteries such as in the right pulmonary artery (5-48), extending to theright lower lobe segmental pulmonary arteries and also in the left lower lobe segmental pulmonary arteries, representing chronic pulmonary embolism. Atherosclerotic disease of the thoracic aorta is noted. In the visualised upper abdomen, gallstones are present. The bones are osteopenic and degenerative changes are present. CONCLUSION Thick walled cavity with fluid level in the left lower lobe. The wall of the cavity is thickened at the posterior and superior aspect and this is indeterminate. Inview of recent history of chest infection, this is probably inflammatory but continued follow-up is required. Bronchial wall thickening with mucous plugging of the airways and patchy ground-glass changes predominantly in both lower lobes, representing airway inflammation. There is evidence of chronic thromboembolic disease with thrombus along wall of the pulmonary arteries, worse on the right involving the right main pulmonary artery extending to the right lower lobe and also in the left lower lobe segmental pulmonary arteries. Pulmonary hypertension is present. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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