# Row 3268

Visit Number: adae178fa4fae799a9e87bfaa0dacbce4d65f6e90dcbcb7114e3bc5ea7e91a16

Masked\_PatientID: 3261

Order ID: d3c7e3dfe40a9b07f1035c523036d5a276c359899c099988ee29e512e53f04ec

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/10/2019 9:33

Line Num: 1

Text: HISTORY Aspergillus niger complex from sputum culture for follow up by ID TECHNIQUE Unenhanced CT chest was acquired as per department protocol. FINDINGS Comparison made with prior CT of 17 September 2019. CT pulmonary angiogram of 5 September 2019 was reviewed. There is slight interval improvement of the known areas of peribronchial consolidations in both lungs, for example in the right upper lobe (current 201-25 vs previous 4-25) and the inferior lingula (current 201-46 vs previous 4-46). Background scarring with traction bronchiectatic changes, for example in the middle lobe (201-40), are unchanged. The central airways are patent. No pleural effusion. There is mild cardiomegaly. No pericardial effusion. Coronary calcifications are present. No definite enlarged thoracic lymph node. Prior right mastectomy with axillary clearance. No soft tissue mass is detected at the surgical bed to suggest local recurrence. Stable thyroid coarse calcifications. Appended upper abdomen is unremarkable. Stable mucosal clips noted in the gastric fundus. No destructive bony lesion. CONCLUSION Slight interval improvement of bilateral scattered peribronchial consolidations. Background diffuse scarring and traction bronchiectatic changes are stable. No pleural effusion. No overt thoracic lymphadenopathy. Overall appearance would be compatible with resolving severe pneumonia. No overt evidence of invasive Aspergillus infection. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 6a8b538477e574a4b7dbba11fc5c7e3267aa85bb72f230c9d149ce30bc5e5e40

Updated Date Time: 14/10/2019 12:03

## Layman Explanation

This radiology report discusses HISTORY Aspergillus niger complex from sputum culture for follow up by ID TECHNIQUE Unenhanced CT chest was acquired as per department protocol. FINDINGS Comparison made with prior CT of 17 September 2019. CT pulmonary angiogram of 5 September 2019 was reviewed. There is slight interval improvement of the known areas of peribronchial consolidations in both lungs, for example in the right upper lobe (current 201-25 vs previous 4-25) and the inferior lingula (current 201-46 vs previous 4-46). Background scarring with traction bronchiectatic changes, for example in the middle lobe (201-40), are unchanged. The central airways are patent. No pleural effusion. There is mild cardiomegaly. No pericardial effusion. Coronary calcifications are present. No definite enlarged thoracic lymph node. Prior right mastectomy with axillary clearance. No soft tissue mass is detected at the surgical bed to suggest local recurrence. Stable thyroid coarse calcifications. Appended upper abdomen is unremarkable. Stable mucosal clips noted in the gastric fundus. No destructive bony lesion. CONCLUSION Slight interval improvement of bilateral scattered peribronchial consolidations. Background diffuse scarring and traction bronchiectatic changes are stable. No pleural effusion. No overt thoracic lymphadenopathy. Overall appearance would be compatible with resolving severe pneumonia. No overt evidence of invasive Aspergillus infection. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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