# Row 3742

Visit Number: 1cc62ca3d2fa191b454d621d1402a310012ced6a8948b56015c841b33a70e530

Masked\_PatientID: 3739

Order ID: 94c96d47e4c5828661de8ccd176d611650faca12a8a629151ade1dc0376fbb72

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/4/2019 9:17

Line Num: 1

Text: HISTORY bilateral lung nodules, prev R hilar LN enlarged, known prev pTB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison CT thorax dated 2 January 2019. Volume loss of the right lung due to right upper lobe fibrosis. Right upper lobe bronchiectasis with bullae formation is noted. The bronchial wall thickening with inflammatory centrilobular nodularity in the right lower lobe has resolved. Pleural thickening is present in both lungs. There is no suspicious mass in both lungs. No enlarged axillary, mediastinal or hilar lymph node. Visualised mediastinal vasculature is patent. No pleural or pericardial effusion. Visualised upper abdomen is unremarkable. There is no aggressive bony lesion. CONCLUSION Volume loss of the right lung with right upper lobe fibrosis and bronchiectasis, attributed to previous granulomatous infection. Bulla formation is noted in the right upper lobe. The inflammatory centrilobular nodularity in apical segment right lower lobe has resolved. No enlarged mediastinal or hilar lymph node. No suspicious pulmonary mass. Report Indicator: Known \ Minor Finalised by: <DOCTOR>

Accession Number: bfbdc01566361907955bc34062aad504991cc249058cc3f02bf8d8f39ae28aff

Updated Date Time: 16/4/2019 10:17

## Layman Explanation

This radiology report discusses HISTORY bilateral lung nodules, prev R hilar LN enlarged, known prev pTB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison CT thorax dated 2 January 2019. Volume loss of the right lung due to right upper lobe fibrosis. Right upper lobe bronchiectasis with bullae formation is noted. The bronchial wall thickening with inflammatory centrilobular nodularity in the right lower lobe has resolved. Pleural thickening is present in both lungs. There is no suspicious mass in both lungs. No enlarged axillary, mediastinal or hilar lymph node. Visualised mediastinal vasculature is patent. No pleural or pericardial effusion. Visualised upper abdomen is unremarkable. There is no aggressive bony lesion. CONCLUSION Volume loss of the right lung with right upper lobe fibrosis and bronchiectasis, attributed to previous granulomatous infection. Bulla formation is noted in the right upper lobe. The inflammatory centrilobular nodularity in apical segment right lower lobe has resolved. No enlarged mediastinal or hilar lymph node. No suspicious pulmonary mass. Report Indicator: Known \ Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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