# Row 3784

Visit Number: f2a5ab0558d38037e0d25ca89be972383e1dbd39922ffce4bed7a81f912aded5

Masked\_PatientID: 3775

Order ID: d6e1a31ce53703e8377970dd0630a5637b70c011c92edc73dbdd4a9dab1695eb

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 08/1/2019 9:51

Line Num: 1

Text: HISTORY BOP; lymphoma post allogeneic stem cell transplant with GVHD liver and skin now with drop in FEV1 895 to 40 % and FVC 93% to 73% TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT thorax available. No lung mass or sinister nodule is noted. There is no consolidation or patchy ground-glass changes. There is minimal scarring is seen at the anterior aspect of the middle lobe and lingula, more likely post infective in nature. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Reduced volume and diffuse slightly increased attenuation is noted on expiration. There is no overt mosaic perfusion noted tosuggest air trapping or bronchiolitis obliterans. No enlarged supraclavicular, axillary or mediastinal nodes seen. Heart size is normal. No pericardial or pleural effusion is seen. Limited sections of the unenhanced upper abdomen are unremarkable. No destructive bony lesion is seen. CONCLUSION 1. No ominous mass, active infective changes or pneumonitis is appreciated. In particularly, no air trapping is appreciated. 2. No intrathoracic lymphadenopathy. Known / Minor Finalised by: <DOCTOR>

Accession Number: a343fa9d7f1dfd237503146b2ac7b2006b2552f00a56df1f7c5b9383de766c9c

Updated Date Time: 09/1/2019 14:39

## Layman Explanation

This radiology report discusses HISTORY BOP; lymphoma post allogeneic stem cell transplant with GVHD liver and skin now with drop in FEV1 895 to 40 % and FVC 93% to 73% TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT thorax available. No lung mass or sinister nodule is noted. There is no consolidation or patchy ground-glass changes. There is minimal scarring is seen at the anterior aspect of the middle lobe and lingula, more likely post infective in nature. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Reduced volume and diffuse slightly increased attenuation is noted on expiration. There is no overt mosaic perfusion noted tosuggest air trapping or bronchiolitis obliterans. No enlarged supraclavicular, axillary or mediastinal nodes seen. Heart size is normal. No pericardial or pleural effusion is seen. Limited sections of the unenhanced upper abdomen are unremarkable. No destructive bony lesion is seen. CONCLUSION 1. No ominous mass, active infective changes or pneumonitis is appreciated. In particularly, no air trapping is appreciated. 2. No intrathoracic lymphadenopathy. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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