# Row 3794

Visit Number: 62d78818031d737cf2c54b286a1997f7429a078a8e16dc3cc1db1e12c9ac3b01

Masked\_PatientID: 3792

Order ID: 1916d4a53c272ee1a1899b3181d14f8c53496af0c2336f16b13f5a283404ee86

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/2/2018 12:55

Line Num: 1

Text: HISTORY Bronchiectasis. Haemoptysis. CT done during haermoptysis episode showed new nodule RLL 14mm for follow up. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison CT dated 7 November 2017. There is scarring with volume loss of the middle lobe. Medial segment bronchiectasis is noted in the middle lobe. There is scarring with traction airway dilatation in the right upper and lower lobes. Fibrocalcific scarring is present in the right upper and lower lobes. The nodularity in the right lung base is attributed to post inflammatory nodularity. No suspicious pulmonary nodule is identified. The previously described nodule is less distinct. No suspicious mass in the left lung. There is no pleural or pericardial effusion. No enlarged axillary, mediastinal or hilar lymph node. Mediastinal vasculature is patent. No gross abnormality in the visualised upper abdomen,apart from tiny gallstone. No aggressive bony lesion. CONCLUSION Bronchiectasis in the middle lobe. Scarring with traction airway dilatation in the right upper and lower lobes with post inflammatory nodularity. No suspicious pulmonary ormediastinal mass. Known / Minor Finalised by: <DOCTOR>

Accession Number: 59e987b874a65295c888f461aff4208c660b51dce8452dda4d886437b043e3d5

Updated Date Time: 01/3/2018 14:25

## Layman Explanation

This radiology report discusses HISTORY Bronchiectasis. Haemoptysis. CT done during haermoptysis episode showed new nodule RLL 14mm for follow up. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison CT dated 7 November 2017. There is scarring with volume loss of the middle lobe. Medial segment bronchiectasis is noted in the middle lobe. There is scarring with traction airway dilatation in the right upper and lower lobes. Fibrocalcific scarring is present in the right upper and lower lobes. The nodularity in the right lung base is attributed to post inflammatory nodularity. No suspicious pulmonary nodule is identified. The previously described nodule is less distinct. No suspicious mass in the left lung. There is no pleural or pericardial effusion. No enlarged axillary, mediastinal or hilar lymph node. Mediastinal vasculature is patent. No gross abnormality in the visualised upper abdomen,apart from tiny gallstone. No aggressive bony lesion. CONCLUSION Bronchiectasis in the middle lobe. Scarring with traction airway dilatation in the right upper and lower lobes with post inflammatory nodularity. No suspicious pulmonary ormediastinal mass. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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