# Row 4131

Visit Number: 9002f45e1266d5a0f26a5710a853fec69d60d46e7588a8bff56d79b2c79440ef

Masked\_PatientID: 4120

Order ID: 65ad44badfc386b2880fa2f7066661857809f1b9e20adbd36589c59f7d73fa01

Order Name: CT Chest Wall

Result Item Code: CTCHEWL

Performed Date Time: 22/12/2020 15:36

Line Num: 1

Text: HISTORY Right sided chest wall pain. CXR Normal; Borderline renal function TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS CT CHEST WALL CT chest of 6 March 2012 and radiographs of 8 December 2020 were noted. No acute right rib fracture or destructive lesion is seen. Deformity involving the anterior ends of left ninth and tenth ribs is likely related to old injury. Reticular changes associated with mild bronchiectasis is seen in the bilateral lower lobes, slightly worse in the right lower lobe. Several bullae are also seen in the right lower lobe. These changes are slightly worse as compared to the prior CT (series 7, image 11) vs series 12 image 13 CT,CHEST,06/03/2012. Linear atelectasis is seen in the right lower lobe. Stable volume loss in the right lower lobe. Stable small nodule is seen in the anterior segment of the right lower lobe measuring 5 mm (series 3, image 45), likely benign postinflammatory nodule. There is no interval development of suspicious pulmonary nodule. No consolidation, pleural effusion or pneumothorax. No mediastinal or hilar lymphadenopathy is seen. Midline sternotomy wires are seen just Status post cholecystectomy. Visualised upper abdomen shows no abnormality. CONCLUSION No acute right rib fracture or destructive lesion is seen. Reticular changes/scarring associated with mild bronchiectasis in the bilateral lower lobes and shows mild interval worsening since the prior CT study. No suspicious pulmonary mass is seen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 3e0f2716ab71ac156ef95254b29268b8099e5e540f78e4b639e328a47aeafe1d

Updated Date Time: 06/1/2021 9:55

## Layman Explanation

This radiology report discusses HISTORY Right sided chest wall pain. CXR Normal; Borderline renal function TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS CT CHEST WALL CT chest of 6 March 2012 and radiographs of 8 December 2020 were noted. No acute right rib fracture or destructive lesion is seen. Deformity involving the anterior ends of left ninth and tenth ribs is likely related to old injury. Reticular changes associated with mild bronchiectasis is seen in the bilateral lower lobes, slightly worse in the right lower lobe. Several bullae are also seen in the right lower lobe. These changes are slightly worse as compared to the prior CT (series 7, image 11) vs series 12 image 13 CT,CHEST,06/03/2012. Linear atelectasis is seen in the right lower lobe. Stable volume loss in the right lower lobe. Stable small nodule is seen in the anterior segment of the right lower lobe measuring 5 mm (series 3, image 45), likely benign postinflammatory nodule. There is no interval development of suspicious pulmonary nodule. No consolidation, pleural effusion or pneumothorax. No mediastinal or hilar lymphadenopathy is seen. Midline sternotomy wires are seen just Status post cholecystectomy. Visualised upper abdomen shows no abnormality. CONCLUSION No acute right rib fracture or destructive lesion is seen. Reticular changes/scarring associated with mild bronchiectasis in the bilateral lower lobes and shows mild interval worsening since the prior CT study. No suspicious pulmonary mass is seen. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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