# Row 416

Visit Number: 5e18c6ae823d71f1b1f8202da220c7ddd1e77e7316db0a2bceebc9487e33c664

Masked\_PatientID: 416

Order ID: 6eaf2df6313861617a11caeb8b077792e27efd07e7fb4d135c47ae6e20bab07d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/3/2018 23:08

Line Num: 1

Text: HISTORY CAP ? uperimposed on newly dx ILD TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. There is consolidation with centrilobular nodules in the middle lobe in both lower lobes, in keeping with chest infection. Minor consolidative change also visualised in the left upper lobe. There is a thin sliver of right pleural effusion. There is no left pleural effusion. The mediastinal vasculature is patent. There are prominent subcarinal and right bronchopulmonary nodes likely reactive in nature. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Thyroid gland is unremarkable. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Infective changes are present in the middle lobe in both lower lobes and affecting the left upper lobe, in extent. Small volume mediastinal lymph nodes are likely to be reactive. No CT evidence of interstitial lung disease. May need further action Syed Aftab , Senior Resident , 60068G Finalised by: <DOCTOR>

Accession Number: 5dc643f32f7821d8aa93d078e3538a65a998c0d1a876c274f6cfa4755b804bc0

Updated Date Time: 24/3/2018 9:00

## Layman Explanation

This radiology report discusses HISTORY CAP ? uperimposed on newly dx ILD TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. There is consolidation with centrilobular nodules in the middle lobe in both lower lobes, in keeping with chest infection. Minor consolidative change also visualised in the left upper lobe. There is a thin sliver of right pleural effusion. There is no left pleural effusion. The mediastinal vasculature is patent. There are prominent subcarinal and right bronchopulmonary nodes likely reactive in nature. No significantly enlarged axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Thyroid gland is unremarkable. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Infective changes are present in the middle lobe in both lower lobes and affecting the left upper lobe, in extent. Small volume mediastinal lymph nodes are likely to be reactive. No CT evidence of interstitial lung disease. May need further action Syed Aftab , Senior Resident , 60068G Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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