# Row 5196

Visit Number: 25c7371231bfe5b8912795fe65918dddf813ab3ecbde8ffae9449ba56602ba5d

Masked\_PatientID: 5194

Order ID: 6644d5ee6282ea9b96ecf551112c76ab169a27be791470508b549c0157766dca

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/3/2018 11:09

Line Num: 1

Text: HISTORY Centrilobular nodularity, focal areas of consolidation, bronchial wall thickening and mucous plugging are seen predominantly in the lower lobes on CT thotax 1/12/17. Followup after course of antibiotics TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT thorax dated 01/12/2017. There is interval improvement of nodular consolidations and airway centric nodularity in the basal segments of the left lower lobe. Mucous plugging of the airways has cleared revealing underlying mild bronchiectasis. However in the apical segment of the left lower lobe, there are new peribronchial nodularity and thickening suggestive of further infective or inflammatory changes. While there is interval improvement of the peripheral nodular changes and tree in bud nodularity in the right lower lobe, some new peribronchial nodularity in the posterior basal segment (image 5-67) as well as a new patch of small peripheral consolidation in the anterior basal segment (image 5-64) are noted in the right lower lobe. The linear opacity in the right upper lobe posterior segment with dilated airways leading in toit is unchanged. Another non-specific small opacity in the lateral segment of the middle lobe adjacent to the fissure is also stable. No enlarged hilar or mediastinal node is seen. The major airways are patent. The cardiac size is within normal limits. No pleural or pericardial effusion is seen. The visualised upper abdomen is grossly unremarkable. No focal destructive bony lesion seen. CONCLUSION Interval improvement of the nodular foci of consolidations, bronchial thickeningand tree-in-bud nodularity in both lower lobes with some residual changes noted. Mild bronchiectasis in the left lower lobe. New mild peribronchial nodular changes in the superior segment of the left lower lobe and posterior segment of the right lower lobe as well as a small peripheral patch of new consolidation in the right lower lobe lateral basal segment are likely due to further infective or inflammatory changes. May need further action Reported by: <DOCTOR>

Accession Number: c7881eed3bc796ed6922b1f82b57770ac5fc5283b3fcd614418d6e8f6c6d8079

Updated Date Time: 12/3/2018 16:10

## Layman Explanation

This radiology report discusses HISTORY Centrilobular nodularity, focal areas of consolidation, bronchial wall thickening and mucous plugging are seen predominantly in the lower lobes on CT thotax 1/12/17. Followup after course of antibiotics TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT thorax dated 01/12/2017. There is interval improvement of nodular consolidations and airway centric nodularity in the basal segments of the left lower lobe. Mucous plugging of the airways has cleared revealing underlying mild bronchiectasis. However in the apical segment of the left lower lobe, there are new peribronchial nodularity and thickening suggestive of further infective or inflammatory changes. While there is interval improvement of the peripheral nodular changes and tree in bud nodularity in the right lower lobe, some new peribronchial nodularity in the posterior basal segment (image 5-67) as well as a new patch of small peripheral consolidation in the anterior basal segment (image 5-64) are noted in the right lower lobe. The linear opacity in the right upper lobe posterior segment with dilated airways leading in toit is unchanged. Another non-specific small opacity in the lateral segment of the middle lobe adjacent to the fissure is also stable. No enlarged hilar or mediastinal node is seen. The major airways are patent. The cardiac size is within normal limits. No pleural or pericardial effusion is seen. The visualised upper abdomen is grossly unremarkable. No focal destructive bony lesion seen. CONCLUSION Interval improvement of the nodular foci of consolidations, bronchial thickeningand tree-in-bud nodularity in both lower lobes with some residual changes noted. Mild bronchiectasis in the left lower lobe. New mild peribronchial nodular changes in the superior segment of the left lower lobe and posterior segment of the right lower lobe as well as a small peripheral patch of new consolidation in the right lower lobe lateral basal segment are likely due to further infective or inflammatory changes. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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