# Row 5205

Visit Number: 307fac47116669edd91be33c0120b74c4ae8ad77788e7b2c931b399f4075316b

Masked\_PatientID: 5194

Order ID: 763d6050e67c26d5eb0b80c0acd2fa12a71e57e14c5996110866cb2130236be5

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/7/2020 17:28

Line Num: 1

Text: HISTORY MAC lung - progress? TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT thorax of 28 March 2019. Serial chest radiographs also reviewed. The irregular areas of nodular consolidation in both lungs, more severely affecting both lower lobes have improved. There is segmental traction dilatation of the airways in both lungs, indicating traction bronchiectasis. Volume loss and scarring is also present, worst in the left lower lobe. Bronchial wall thickening in the affected areas of both lungs involving the lower lobes, lingula lobe and middle lobe, indicating post inflammatory change. There is no pleural or pericardial effusion. There is no enlarged axillary or mediastinal lymph node. No gross abnormality in the visualised upper abdomen. No aggressive bony lesion. CONCLUSION Improvement of nodular consolidation in both lungs which is worst in the lower lobes, in keeping with known atypicalmycobacterial infection. Post inflammatory changes are present in both lungs with traction bronchiectasis and airway thickening involving both lower lobes, middle lobe and lingula lobe. Mild involvement of the right upper lobe. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: dd95546dca016aa04d595c5e84f959f1a7b5957ceebe00367e897fea543754cd

Updated Date Time: 30/7/2020 12:00

## Layman Explanation

This radiology report discusses HISTORY MAC lung - progress? TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison made with CT thorax of 28 March 2019. Serial chest radiographs also reviewed. The irregular areas of nodular consolidation in both lungs, more severely affecting both lower lobes have improved. There is segmental traction dilatation of the airways in both lungs, indicating traction bronchiectasis. Volume loss and scarring is also present, worst in the left lower lobe. Bronchial wall thickening in the affected areas of both lungs involving the lower lobes, lingula lobe and middle lobe, indicating post inflammatory change. There is no pleural or pericardial effusion. There is no enlarged axillary or mediastinal lymph node. No gross abnormality in the visualised upper abdomen. No aggressive bony lesion. CONCLUSION Improvement of nodular consolidation in both lungs which is worst in the lower lobes, in keeping with known atypicalmycobacterial infection. Post inflammatory changes are present in both lungs with traction bronchiectasis and airway thickening involving both lower lobes, middle lobe and lingula lobe. Mild involvement of the right upper lobe. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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