# Row 5267

Visit Number: 219d2a17dd80a7998bba24734d9af19c787ece19f534d7e371295671968431e2

Masked\_PatientID: 5267

Order ID: 58723612f89c6ba833ff11db51de575980dbcfd43295f4f826e7fb1c195360c8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/5/2017 10:39

Line Num: 1

Text: HISTORY bilateral multilobar pneumonia in an immunocompetent host - possibly severe pneumonia vs TRO lung abscess? TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There are extensive areas of air-space consolidation and ground-glass opacification in the lungs, worse in the middle lobe. No cavitation is seen to suggest a lung abscess. There is also evidence of an infectious bronchiolitis (areas of air-trapping, mucus plugging and airway wall thickening). There is no pleural or pericardial effusion. There are mildly enlarged lymph nodes in the pulmonary hila, the largest node measuring 2.4 x 1.3 cm and located in the right pulmonary hilum (series 7 image 36). These are probably reactive in aetiology. Limited sections of the upper abdomen are unremarkable. The bones appear normal. CONCLUSION There are areas of air-space consolidation and ground-glass opacification in the lungs, consistent with a pneumonia. There is also evidence of an infectious bronchiolitis. No cavitation is seen to suggest a lung abscess. May need further action Finalised by: <DOCTOR>

Accession Number: b13cfd9c50fa6ef48bd3d11dbb2dbdf21bf165a68b64d76ab60f930f5acc0587

Updated Date Time: 12/5/2017 11:00

## Layman Explanation

This radiology report discusses HISTORY bilateral multilobar pneumonia in an immunocompetent host - possibly severe pneumonia vs TRO lung abscess? TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There are extensive areas of air-space consolidation and ground-glass opacification in the lungs, worse in the middle lobe. No cavitation is seen to suggest a lung abscess. There is also evidence of an infectious bronchiolitis (areas of air-trapping, mucus plugging and airway wall thickening). There is no pleural or pericardial effusion. There are mildly enlarged lymph nodes in the pulmonary hila, the largest node measuring 2.4 x 1.3 cm and located in the right pulmonary hilum (series 7 image 36). These are probably reactive in aetiology. Limited sections of the upper abdomen are unremarkable. The bones appear normal. CONCLUSION There are areas of air-space consolidation and ground-glass opacification in the lungs, consistent with a pneumonia. There is also evidence of an infectious bronchiolitis. No cavitation is seen to suggest a lung abscess. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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