# Row 5442

Visit Number: 1ec6c7e1b7dd11000e97e05f23f49e5440b43bb371c30eb64ab3eaf01c3af1a7

Masked\_PatientID: 5435

Order ID: 63ed213311bb7b08fff781148bd5e56dcd1425cea45e93921ff802354c152fd4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/8/2015 12:37

Line Num: 1

Text: HISTORY ?MOTT (MAC) with bronchiectasis. Pulmonary nodules for FU TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT dated 09/11/2012. There are mild bronchiectatic changes predominantly affecting the basal segments of the lower lobes, middle lobe and lingula associated with bronchial wall thickening. Compared to the previous scan of 09/11/2012, there is interval mild worsening of the bronchial dilatation particularly in the basal segments of the lower lobes. There are new patchy peripheral small foci of consolidations in the posterior and lateral basal segments of both lower lobes, and lingula indicating intercurrent infection or inflammation. Areas of atelectasis in the posterior aspect of the lingula and medial segment of the mid again noted, slightly more prominent than previously. The tiny 4 mm subpleural nodule in the lateral segment of the middle lobe is stable (series five, image 62). The small peripheral subpleural opacity in the right lower lobe has resolved as are some other small nodular branching changes in the left apicoposterior segment. However there are several small new nodular changes in the posterior segment of the right upper lobe measuring up to 4 mm (example series five, image 38) The central airways are clear. A few small volume subcentimetre lymph nodes in the paratracheal and AP window regions areprobably reactive. Heart size is normal. No pleural or pericardial abnormality seen. A predominantly exophytic angiomyolipoma arising from the interpolar region of the left kidney is partially imaged. No bony destructive lesion is seen. CONCLUSION Compared to the previous scan of 09/11/2012, there is mild interval worsening of bronchial dilatation in the basal segments of the lower lobes. Interval development of patchy consolidations in the posterior and lateral segments ofthe lower lobes and lingula are likely due to intercurrent infection or inflammation. A few new tiny nodular changes in the right upper lobe posterior segment are noted. May need further action Reported by: <DOCTOR>

Accession Number: f78759792bea5d8d0b35f5b7db9a66ae374a20ea37c715234fcfac8a554ad4ce

Updated Date Time: 13/8/2015 15:29

## Layman Explanation

This radiology report discusses HISTORY ?MOTT (MAC) with bronchiectasis. Pulmonary nodules for FU TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT dated 09/11/2012. There are mild bronchiectatic changes predominantly affecting the basal segments of the lower lobes, middle lobe and lingula associated with bronchial wall thickening. Compared to the previous scan of 09/11/2012, there is interval mild worsening of the bronchial dilatation particularly in the basal segments of the lower lobes. There are new patchy peripheral small foci of consolidations in the posterior and lateral basal segments of both lower lobes, and lingula indicating intercurrent infection or inflammation. Areas of atelectasis in the posterior aspect of the lingula and medial segment of the mid again noted, slightly more prominent than previously. The tiny 4 mm subpleural nodule in the lateral segment of the middle lobe is stable (series five, image 62). The small peripheral subpleural opacity in the right lower lobe has resolved as are some other small nodular branching changes in the left apicoposterior segment. However there are several small new nodular changes in the posterior segment of the right upper lobe measuring up to 4 mm (example series five, image 38) The central airways are clear. A few small volume subcentimetre lymph nodes in the paratracheal and AP window regions areprobably reactive. Heart size is normal. No pleural or pericardial abnormality seen. A predominantly exophytic angiomyolipoma arising from the interpolar region of the left kidney is partially imaged. No bony destructive lesion is seen. CONCLUSION Compared to the previous scan of 09/11/2012, there is mild interval worsening of bronchial dilatation in the basal segments of the lower lobes. Interval development of patchy consolidations in the posterior and lateral segments ofthe lower lobes and lingula are likely due to intercurrent infection or inflammation. A few new tiny nodular changes in the right upper lobe posterior segment are noted. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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