# Row 5444

Visit Number: 494e155e8dac8bdd12372dbca0f1b75b933f34e930ce1e240d53b4219fd102f9

Masked\_PatientID: 5435

Order ID: 394a2e9a96a3f1d31290ba3627bcea7a6398e099c576c68bf544432717d265c0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/3/2016 18:27

Line Num: 1

Text: HISTORY ntm disease with nodules - ?progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison with CT thorax dated 11 August 2015. There is significant improvement of the inflammatory nodularity and bronchial wall thickening in both lungs, indicating improvement of inflammation. Residual mild bronchial wall thickening is visualised in both lower lobes, lingula lobe and middle lobe, suggesting post inflammatory change. A subpleural 5 mm nodule in the middle lobe (image 3-66) is stable and probably post inflammatory in nature. There is no pleural or pericardial effusion. Within the limits of the unenhanced study, no significantly enlarged axillary or mediastinal lymph node. In the visualised upper abdomen, fatty liver is noted. Fat containing lesion arising from the upper pole of the left kidney due to angiomyolipoma is again visualised. CONCLUSION Improvement of inflammatory nodularity and bronchial wall thickening in both lungs. Residual post inflammatory changes are present as described. Known / Minor Finalised by: <DOCTOR>

Accession Number: 9de5113653516a8469ecde01b20d03f79546303501a55ecc632b36b74e40a1d6

Updated Date Time: 24/3/2016 16:36

## Layman Explanation

This radiology report discusses HISTORY ntm disease with nodules - ?progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison with CT thorax dated 11 August 2015. There is significant improvement of the inflammatory nodularity and bronchial wall thickening in both lungs, indicating improvement of inflammation. Residual mild bronchial wall thickening is visualised in both lower lobes, lingula lobe and middle lobe, suggesting post inflammatory change. A subpleural 5 mm nodule in the middle lobe (image 3-66) is stable and probably post inflammatory in nature. There is no pleural or pericardial effusion. Within the limits of the unenhanced study, no significantly enlarged axillary or mediastinal lymph node. In the visualised upper abdomen, fatty liver is noted. Fat containing lesion arising from the upper pole of the left kidney due to angiomyolipoma is again visualised. CONCLUSION Improvement of inflammatory nodularity and bronchial wall thickening in both lungs. Residual post inflammatory changes are present as described. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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