# Row 5462

Visit Number: 055310f0d417759ee78e2248b0453a36f3d8cc32f8d13c496fd10b27b854e67c

Masked\_PatientID: 5459

Order ID: c0e989b1d09eb3360672cc592b7755515f17cc2ca40cdde31fb1e66319c9b265

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/10/2017 20:45

Line Num: 1

Text: HISTORY secondary spontaneous PTX b/g bronchiectasis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CTscan Thorax of 16.4.10, CT brain on 30.5.15 and CXR on 2.10.17. There are a 7 mm aortopulmonary lymph node and a left tracheobronchial lymph node, not significant in size. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is top normal in size. No pericardial effusion is seen. The innominate artery gives off right subclavian artery and a vessel coursing posterior to thyroid gland and left lower neck, this maybe the right carotid artery. The left carotid artery and left subclavian artery has normal origin from arch of aorta. There are emphysematous changes in the lungs with bronchiectatic changes in both upper lobes, right middle lobe and possibly the lingula segment. There is a left mild to moderate pneumothorax, a thickness of 1.8cm in image 6-51. There are several fibrotic bands from surface of the lung to the chest wall noted. A 6x5 mm opacity at left mid zone, image 06-40 and a 7 x 6 mm opacity inthe left lower lobe, image -47, maybe granuloma. There is atelectasis in subpleural region of the lower lobe and lingula in the partially collapsed left lung, difficult to assess. In the right lung, subpleural atelectasis in the right lower lobe, image 6-71 noted. There is nonspecific ground-glass opacity in posterior part of the right upper lobe. A 6 mm opacity in the right upper lobe may be a granuloma, image 06-33. The trachea and both proximal bronchi are normal in outline, no luminal debris is seen. No pleural effusion is seen. The limited sections of the upper abdomen in the arterial phase show a 0.6 cm low attenuation focus in the spleen and a 5. 8 x 3.9 cm cyst in the left kidney. A 0.6 x 0.5 cm nodule in the subhepatic region, adjacent to lower bowel lobe may be a diverticulum, image 5 -113 . No focal destructive bony process is seen. CONCLUSION Emphysematous changes in both lungs with bronchiectasis. A mild to moderate left pneumothorax. There are several fibrotic bands extending from surface of left lung to chest wall. A few small opacities in left lung may be granuloma and areas of atelectasis in the left lower lobe. Reevaluation after expansion of the left lung is necessary torule out underlying mass lesion. Right lung has focus of subpleural atelectasis. Imaged section of upper abdomen shows a subcentimetre low attenuation focus in the spleen, left renal cyst and a small opacity in the sub hepatic region may be a diverticulum. Anomalous course of the vessel from innominate artery may possibly be right carotid artery. May need further action Finalised by: <DOCTOR>

Accession Number: cb9cd4a5d43967369376677a3393f04c80817b96596116c187ffc0a6b3a0a91e

Updated Date Time: 03/10/2017 10:00

## Layman Explanation

This radiology report discusses HISTORY secondary spontaneous PTX b/g bronchiectasis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CTscan Thorax of 16.4.10, CT brain on 30.5.15 and CXR on 2.10.17. There are a 7 mm aortopulmonary lymph node and a left tracheobronchial lymph node, not significant in size. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is top normal in size. No pericardial effusion is seen. The innominate artery gives off right subclavian artery and a vessel coursing posterior to thyroid gland and left lower neck, this maybe the right carotid artery. The left carotid artery and left subclavian artery has normal origin from arch of aorta. There are emphysematous changes in the lungs with bronchiectatic changes in both upper lobes, right middle lobe and possibly the lingula segment. There is a left mild to moderate pneumothorax, a thickness of 1.8cm in image 6-51. There are several fibrotic bands from surface of the lung to the chest wall noted. A 6x5 mm opacity at left mid zone, image 06-40 and a 7 x 6 mm opacity inthe left lower lobe, image -47, maybe granuloma. There is atelectasis in subpleural region of the lower lobe and lingula in the partially collapsed left lung, difficult to assess. In the right lung, subpleural atelectasis in the right lower lobe, image 6-71 noted. There is nonspecific ground-glass opacity in posterior part of the right upper lobe. A 6 mm opacity in the right upper lobe may be a granuloma, image 06-33. The trachea and both proximal bronchi are normal in outline, no luminal debris is seen. No pleural effusion is seen. The limited sections of the upper abdomen in the arterial phase show a 0.6 cm low attenuation focus in the spleen and a 5. 8 x 3.9 cm cyst in the left kidney. A 0.6 x 0.5 cm nodule in the subhepatic region, adjacent to lower bowel lobe may be a diverticulum, image 5 -113 . No focal destructive bony process is seen. CONCLUSION Emphysematous changes in both lungs with bronchiectasis. A mild to moderate left pneumothorax. There are several fibrotic bands extending from surface of left lung to chest wall. A few small opacities in left lung may be granuloma and areas of atelectasis in the left lower lobe. Reevaluation after expansion of the left lung is necessary torule out underlying mass lesion. Right lung has focus of subpleural atelectasis. Imaged section of upper abdomen shows a subcentimetre low attenuation focus in the spleen, left renal cyst and a small opacity in the sub hepatic region may be a diverticulum. Anomalous course of the vessel from innominate artery may possibly be right carotid artery. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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