# Row 5689

Visit Number: 70745bc8d20b8ac31b4529a8e136d3211d57ca1b2971954649fddbed58a2f751

Masked\_PatientID: 5688

Order ID: 9e9beb60a2187bf2c802eeaa720ce2bba07ea38589ddcfa5c37b4dca83c5b1f3

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 19/7/2015 9:27

Line Num: 1

Text: HISTORY ?SOB TECHNIQUE Unenhanced HRCT chest FINDINGS No previous CT is available for comparison. The images are degraded by respiratory artefact. There is no mediastinal, hilar or axillary lymphadenopathy. The heart sizeis mildly enlarged. There is no pericardial effusion. There is a small area of consolidation in the lingula (series three image 30) which is likely inflammatory / infectious. The minor opacities in the right upper lobe (series three image 19) is nonspecific but is likely inflammatory as well. Mild bronchial wall thickening and a cluster of tiny nodules are seen in the middle lobe (series three image 36). There is minimal bronchiectasis in the left lower lobe. There is a small left pleural effusion. The airways are patent. Allowing for the respiratory artefact, no discrete pulmonary nodule or evidence of cavitation is detected. The limited images of the upper abdomen are unremarkable. No significant bony abnormality is seen. CONCLUSION There is a small area of consolidation in the lingula, which is likely inflammatory / infectious. A small left pleural effusion is present. May need further action Finalised by: <DOCTOR>

Accession Number: a21197fa4d643e6e8997635e379195e81aa8f7e07246899ab6e045d99ccffca2

Updated Date Time: 19/7/2015 10:46

## Layman Explanation

This radiology report discusses HISTORY ?SOB TECHNIQUE Unenhanced HRCT chest FINDINGS No previous CT is available for comparison. The images are degraded by respiratory artefact. There is no mediastinal, hilar or axillary lymphadenopathy. The heart sizeis mildly enlarged. There is no pericardial effusion. There is a small area of consolidation in the lingula (series three image 30) which is likely inflammatory / infectious. The minor opacities in the right upper lobe (series three image 19) is nonspecific but is likely inflammatory as well. Mild bronchial wall thickening and a cluster of tiny nodules are seen in the middle lobe (series three image 36). There is minimal bronchiectasis in the left lower lobe. There is a small left pleural effusion. The airways are patent. Allowing for the respiratory artefact, no discrete pulmonary nodule or evidence of cavitation is detected. The limited images of the upper abdomen are unremarkable. No significant bony abnormality is seen. CONCLUSION There is a small area of consolidation in the lingula, which is likely inflammatory / infectious. A small left pleural effusion is present. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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