# Row 5789

Visit Number: b4d1d9985443e015116f0e3da344bfa947dc7c325b743ffb8c9fca843d9e9772

Masked\_PatientID: 5789

Order ID: 448af5457492394eb9bc07d3ab222605c7f0bf3e0ba5da2797989b074ba9ab68

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 05/12/2015 13:11

Line Num: 1

Text: HISTORY 76 yo chronic T1RF with bronchiectatic changes on CXR. Prev advanced colon Ca. ? Bronchiectasis vs lung mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Severe airway thickening and dilatation is present in the left upper lobe associated with significant loss of volume. Areas of parenchymal distortion is present particularly at the apical posterior region of the left upper lobe with peripheral areas of consolidation. Extensive bronchiectasis is also present within the left lower lobe with airways demonstrating mucous inspissation. Peripheral areas of consolidation are present within the apical and at the lateral segment of the left lower lobe. There is bronchiectasis affecting the basal segments of the right lower lobe associated with some regions of tree in bud changes as well as areas of oligaemia. Diffuse bronchiectasis is present within the middle lobe associated with some loss of volume. The apical region of the right upper lobe and the posterior segment of the right upper lobe shows evidence of bronchiectasis. Patchy peripheral consolidation is present in the posterior segment of the right upper lobe. Marked dilatation of the trachea and the left and right bronchus is present. No endoluminal large airway mass is demonstrated on this scan. There are no enlarged hilar or mediastinal lymph nodes. The portions of the upper abdomenincluded on this scan shows no overt hepatic mass lesions. A calcified granuloma is present at segment four of the liver. No gross adrenal lesion is demonstrated. CONCLUSION Extensive bronchiectasis is present in both lungs. Patchy peripheral areas of consolidation in the left upper lobe, left lower lobe and the right upper lobe are in keeping with that due to infection. Extensive tree in bud changes in the right lower lobe is also in keeping with acute infective change. The presence of extensive bronchiectasis would make the exclusion of lung metastases difficult but no overt metastatic nodule is detected. May need further action Finalised by: <DOCTOR>

Accession Number: 9f492a16f4ec596a74341b7953c281506b175b9aa36d880a31c3b6aa2dd8f9b1

Updated Date Time: 05/12/2015 15:20

## Layman Explanation

This radiology report discusses HISTORY 76 yo chronic T1RF with bronchiectatic changes on CXR. Prev advanced colon Ca. ? Bronchiectasis vs lung mets TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Severe airway thickening and dilatation is present in the left upper lobe associated with significant loss of volume. Areas of parenchymal distortion is present particularly at the apical posterior region of the left upper lobe with peripheral areas of consolidation. Extensive bronchiectasis is also present within the left lower lobe with airways demonstrating mucous inspissation. Peripheral areas of consolidation are present within the apical and at the lateral segment of the left lower lobe. There is bronchiectasis affecting the basal segments of the right lower lobe associated with some regions of tree in bud changes as well as areas of oligaemia. Diffuse bronchiectasis is present within the middle lobe associated with some loss of volume. The apical region of the right upper lobe and the posterior segment of the right upper lobe shows evidence of bronchiectasis. Patchy peripheral consolidation is present in the posterior segment of the right upper lobe. Marked dilatation of the trachea and the left and right bronchus is present. No endoluminal large airway mass is demonstrated on this scan. There are no enlarged hilar or mediastinal lymph nodes. The portions of the upper abdomenincluded on this scan shows no overt hepatic mass lesions. A calcified granuloma is present at segment four of the liver. No gross adrenal lesion is demonstrated. CONCLUSION Extensive bronchiectasis is present in both lungs. Patchy peripheral areas of consolidation in the left upper lobe, left lower lobe and the right upper lobe are in keeping with that due to infection. Extensive tree in bud changes in the right lower lobe is also in keeping with acute infective change. The presence of extensive bronchiectasis would make the exclusion of lung metastases difficult but no overt metastatic nodule is detected. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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