# Row 5845

Visit Number: a2c4e4294e3b95b7c28a961babb8fd499cf3464dc549c4ab74646768a110f630

Masked\_PatientID: 5844

Order ID: 0dfcff8a96b44be80af16080bd56629abe6556b3dae0e5fc066005742d46309d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/6/2018 9:31

Line Num: 1

Text: HISTORY prev pTB, bronchiectasis, cachexic +++ TVD for CABG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS There are scattered foci of mural calcifications at the thoracic aorta, minimal at the ascending thoracic aorta and most numerous at the descending aorta. Aortic calibre is within normal limits. There are extensive coronary arterial calcifications. No pericardial effusion is seen. There is scarring with traction bronchiectasis, calcified granulomata and volume loss in bilateral upper lobes and apical segment of the right lower lobe of the lungs. Some adjacent pleural thickening is also seen. In the left lower lobe, calcified granulomata are also present. There are several small non-calcified lung nodules in the right lower lobe (5/38 - 41), right upper lobe (5/27) left upper lobe (5/40) , left lower lobe (5/ 74, 78) which are nonspecific but may be post inflammatory changes. There is no consolidation or pleural effusion. There is no significantly enlarged mediastinal lymph node. The unenhanced imaged abdomen is grossly unremarkable. There is L1 compression fracture. Degenerative changes are present in the spine. No destructive bony lesion is seen. CONCLUSION Some scattered foci of mural calcifications in the thoracic aorta, which is most extensive at the descending aorta. Changes in the lungs are in keeping with prior granulomatous infection. There is severalnoncalcified small lung nodules bilaterally which are nonspecific but may be post inflammatory changes as well. Known / Minor Finalised by: <DOCTOR>

Accession Number: 97ec2aa2e74714badd9474a78d1208626a44581f3b57b18cbe21624b1613b7ae

Updated Date Time: 19/6/2018 9:56

## Layman Explanation

This radiology report discusses HISTORY prev pTB, bronchiectasis, cachexic +++ TVD for CABG TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS There are scattered foci of mural calcifications at the thoracic aorta, minimal at the ascending thoracic aorta and most numerous at the descending aorta. Aortic calibre is within normal limits. There are extensive coronary arterial calcifications. No pericardial effusion is seen. There is scarring with traction bronchiectasis, calcified granulomata and volume loss in bilateral upper lobes and apical segment of the right lower lobe of the lungs. Some adjacent pleural thickening is also seen. In the left lower lobe, calcified granulomata are also present. There are several small non-calcified lung nodules in the right lower lobe (5/38 - 41), right upper lobe (5/27) left upper lobe (5/40) , left lower lobe (5/ 74, 78) which are nonspecific but may be post inflammatory changes. There is no consolidation or pleural effusion. There is no significantly enlarged mediastinal lymph node. The unenhanced imaged abdomen is grossly unremarkable. There is L1 compression fracture. Degenerative changes are present in the spine. No destructive bony lesion is seen. CONCLUSION Some scattered foci of mural calcifications in the thoracic aorta, which is most extensive at the descending aorta. Changes in the lungs are in keeping with prior granulomatous infection. There is severalnoncalcified small lung nodules bilaterally which are nonspecific but may be post inflammatory changes as well. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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