# Row 6229

Visit Number: dc37dea11c7c6927da724aaf3ef56b07437e89e56d4ffd8b6d82d134f121e7e6

Masked\_PatientID: 6225

Order ID: ce8adaf6f543b01e1c6aa496f0d91c5ac9d74f7d8cb7215e4d4da4ee5dafdb39

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/7/2018 11:23

Line Num: 1

Text: HISTORY TB treated 2009. Post TB bronchiectasis.. Exclude TB stricture, infective changes, fractures TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Prior chest radiographs were reviewed. There is volume loss in the left lung with patchy areas of scarring and traction bronchiectasis, more marked in the left lower lobe and lingula. There are multiple small nodules of varying sizes, some clustered, which are probably inflammatory. Larger ones are calcified, in keeping with granulomas. The trachea and main bronchi are patent. Mild secretions in the distal left main bronchus. Focal strictures seen at the origin of the apical and anterior segmental bronchi. Couple of small calcified granulomas are also seen in the apical right lower lobe, near the oblique fissure. There is no consolidation or tree in bud nodularity. There is no suspicious pulmonary mass. There is left-sided mediastinal shift. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart is normal size. There is no pericardial or pleural effusion. There is no destructive bony lesion or acute rib fracture. The included upper abdomen is unremarkable. CONCLUSION Left sided changes of scarring with traction bronchiectasis and numerous small inflammatory nodules / granulomas. Focal strictures noted at the origin of the apical and anterior segmental bronchi. These are in keeping with post-TB infective change. No definite evidence of active infection. No acute rib fracture is seen. Known / Minor Finalised by: <DOCTOR>

Accession Number: 690f62c5cff2ca2d53703fc14619a86f135714b2d9b8fff15bb3cb98a4a6c134

Updated Date Time: 10/7/2018 11:12

## Layman Explanation

This radiology report discusses HISTORY TB treated 2009. Post TB bronchiectasis.. Exclude TB stricture, infective changes, fractures TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Prior chest radiographs were reviewed. There is volume loss in the left lung with patchy areas of scarring and traction bronchiectasis, more marked in the left lower lobe and lingula. There are multiple small nodules of varying sizes, some clustered, which are probably inflammatory. Larger ones are calcified, in keeping with granulomas. The trachea and main bronchi are patent. Mild secretions in the distal left main bronchus. Focal strictures seen at the origin of the apical and anterior segmental bronchi. Couple of small calcified granulomas are also seen in the apical right lower lobe, near the oblique fissure. There is no consolidation or tree in bud nodularity. There is no suspicious pulmonary mass. There is left-sided mediastinal shift. There is no enlarged mediastinal, hilar, supraclavicular or axillary lymph node. Heart is normal size. There is no pericardial or pleural effusion. There is no destructive bony lesion or acute rib fracture. The included upper abdomen is unremarkable. CONCLUSION Left sided changes of scarring with traction bronchiectasis and numerous small inflammatory nodules / granulomas. Focal strictures noted at the origin of the apical and anterior segmental bronchi. These are in keeping with post-TB infective change. No definite evidence of active infection. No acute rib fracture is seen. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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