# Row 6260

Visit Number: 8dc886af65928ffef7d08831bb10e2a1d822537e5a6546fbe90640792a0322e5

Masked\_PatientID: 6254

Order ID: a3a48dccd6fa14227b7695050499241226d8d979a9c8bb41f4545dc6fb30384c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/12/2020 12:12

Line Num: 1

Text: HISTORY ctd-ild, recent cxr reported increase in nodular markings, noted previous ct show lymphadenopathy w ild TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with CT Chest of 11 Apr 2019. The chest radiograph dated 5 Aug 2020 was also reviewed. Subpleural ground-glass and reticular changes are seen in bilateral lower lobes with associated traction bronchiectasis, more prominent on the left. Mild volume loss is noted. No honeycombing is seen. The changes appear largely stable compared to prior CT of the 11 April 2019. Mild paraseptal emphysema in bilateral upper lobes with stable biapical pleural scarring. No suspicious pulmonarynodule or consolidation is seen. No pleural effusion. The central airways are patent. The heart size is normal. No pericardial effusion. The mediastinal vessels enhance normally. Stable prominent lymph nodes are again seen in the mediastinum and bilateral hila, with increase in calcification (for example right hilum 5-51 vs prior 7-45). No enlarged supraclavicular or axillary lymph node is seen. Limited sections of the upper abdomen are unremarkable. No destructive bone lesion is seen. CONCLUSION Stable subpleural ground-glass and reticular changes with traction bronchiectasis and mild volume loss in bilateral lower lobes, compatible with interstitial lung disease with NSIP pattern. No suspicious pulmonary mass. Stable prominent mediastinal and bilateral hilar calcified lymph nodes. Report Indicator: Known / Minor Reported by: <DOCTOR>

Accession Number: fca5bfd0e422ab791569f581465eb392b977222c7aec5f09658415bb10f30c47

Updated Date Time: 23/12/2020 12:31

## Layman Explanation

This radiology report discusses HISTORY ctd-ild, recent cxr reported increase in nodular markings, noted previous ct show lymphadenopathy w ild TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with CT Chest of 11 Apr 2019. The chest radiograph dated 5 Aug 2020 was also reviewed. Subpleural ground-glass and reticular changes are seen in bilateral lower lobes with associated traction bronchiectasis, more prominent on the left. Mild volume loss is noted. No honeycombing is seen. The changes appear largely stable compared to prior CT of the 11 April 2019. Mild paraseptal emphysema in bilateral upper lobes with stable biapical pleural scarring. No suspicious pulmonarynodule or consolidation is seen. No pleural effusion. The central airways are patent. The heart size is normal. No pericardial effusion. The mediastinal vessels enhance normally. Stable prominent lymph nodes are again seen in the mediastinum and bilateral hila, with increase in calcification (for example right hilum 5-51 vs prior 7-45). No enlarged supraclavicular or axillary lymph node is seen. Limited sections of the upper abdomen are unremarkable. No destructive bone lesion is seen. CONCLUSION Stable subpleural ground-glass and reticular changes with traction bronchiectasis and mild volume loss in bilateral lower lobes, compatible with interstitial lung disease with NSIP pattern. No suspicious pulmonary mass. Stable prominent mediastinal and bilateral hilar calcified lymph nodes. Report Indicator: Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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