# Row 6287

Visit Number: 9d73f071008f4a845342eb327f8cd9f273fa12dbba62653962ef680c385bcb86

Masked\_PatientID: 6287

Order ID: 9b10eed1c6fa2327b73926ad9cf0a8cb2a2458432dbed2ce02afcfe179947ba9

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 25/4/2015 9:54

Line Num: 1

Text: HISTORY T2RF with pulmonary hypertension on 2D echo, ILD? CCF? Ischemic Hepatitis; worsening SOB > 2 years TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The prior CT pulmonary angiogram study dated 27 April 2015 was reviewed. There are scattered, thickened subpleural interstitial lung markings in both lungs without any particular zonal-predilection or apico-basal gradient. There are also mild atelectasis / scarring changes in the middle lobe with mild traction bronchiectasis. Mild dilatation of the airways in both lower lobes, more on the right (Se 3/41) is suggestive for mild bronchiectasis. There is no evidence of honeycombing. There are a few patchy areas of ground glass opacities in the upper and lower lobes bilaterally which were already present on the prior CT study 3 days ago. No suspicious pulmonary nodules seen. The visualised major airways are patent. Bilateral, small pleural effusions are noted, larger on the left. The heart is not enlarged. No pericardial effusion detected. No enlarged mediastinal or hilar lymph nodes are seen. The feeding tube the tip is located within the stomach. Ascites is noted in the included sections of the upper abdomen. There is no evidence of bony destruction. CONCLUSION There is evidence of mild interstitial lung disease which is of a non-specific interstitial pneumonia (NSIP) type pattern. No suspicious pulmonary nodule detected.Small bilateral pleural effusions and ascites. May need further action Finalised by: <DOCTOR>

Accession Number: e83e3f92c89c7ef8ceeb00dec2868c8d2561432385a0e9c806337bb18048dd79

Updated Date Time: 25/4/2015 11:01

## Layman Explanation

This radiology report discusses HISTORY T2RF with pulmonary hypertension on 2D echo, ILD? CCF? Ischemic Hepatitis; worsening SOB > 2 years TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The prior CT pulmonary angiogram study dated 27 April 2015 was reviewed. There are scattered, thickened subpleural interstitial lung markings in both lungs without any particular zonal-predilection or apico-basal gradient. There are also mild atelectasis / scarring changes in the middle lobe with mild traction bronchiectasis. Mild dilatation of the airways in both lower lobes, more on the right (Se 3/41) is suggestive for mild bronchiectasis. There is no evidence of honeycombing. There are a few patchy areas of ground glass opacities in the upper and lower lobes bilaterally which were already present on the prior CT study 3 days ago. No suspicious pulmonary nodules seen. The visualised major airways are patent. Bilateral, small pleural effusions are noted, larger on the left. The heart is not enlarged. No pericardial effusion detected. No enlarged mediastinal or hilar lymph nodes are seen. The feeding tube the tip is located within the stomach. Ascites is noted in the included sections of the upper abdomen. There is no evidence of bony destruction. CONCLUSION There is evidence of mild interstitial lung disease which is of a non-specific interstitial pneumonia (NSIP) type pattern. No suspicious pulmonary nodule detected.Small bilateral pleural effusions and ascites. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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