# Row 6397

Visit Number: 69ea088cc292af137769f502d55353a0675f937f67c74bbbbcc7fb4f00393e1f

Masked\_PatientID: 6384

Order ID: 442cab2ef9b0ed58d57d0244576c946f2c09933515ad3078ba074f143ff31f39

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 30/7/2019 13:03

Line Num: 1

Text: HISTORY Billateral Bronchiectasis; Increasing breathlessness of late Previous apical pneumotorax To gauge progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison HRCT of 15 January 2014. Bronchiectasis in both lungs, most severely affecting the lingula lobe and middle lobe with resultant volume loss. The extent of involvement in both lungs appears stable. Bronchial wall thickening is also visualised with inflammatory centrilobular nodules in both lungs which indicate chronic airway inflammation. Airway inflammation is worse with increased centrilobular nodules in bilateral upper and lower lobes. There is no pneumothorax. No confluent areas of consolidation. No discrete suspicious mass in both lungs. There is no enlarged axillary lymph node. There are subcentimetre mediastinal lymph nodes which are not enlarged by size criteria. No pleural or pericardial effusion. Visualised upper abdomen is unremarkable. The bones are osteopenic and show degenerative changes. CONCLUSION Bronchiectasis in both lungs is stable in extent. It is most severe in the middle lobe and lingula lobe with resultant volume loss. Diffuse bronchial thickening in both lungs with inflammatory centrilobular nodules due to chronic airway inflammation is worse, with increased involvement of bilateral upper and lower lobes.. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f871920c80e98965c176a2dcdcc2901bcb87fa6dd6484698b36d577974bc488f

Updated Date Time: 30/7/2019 14:42

## Layman Explanation

This radiology report discusses HISTORY Billateral Bronchiectasis; Increasing breathlessness of late Previous apical pneumotorax To gauge progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison HRCT of 15 January 2014. Bronchiectasis in both lungs, most severely affecting the lingula lobe and middle lobe with resultant volume loss. The extent of involvement in both lungs appears stable. Bronchial wall thickening is also visualised with inflammatory centrilobular nodules in both lungs which indicate chronic airway inflammation. Airway inflammation is worse with increased centrilobular nodules in bilateral upper and lower lobes. There is no pneumothorax. No confluent areas of consolidation. No discrete suspicious mass in both lungs. There is no enlarged axillary lymph node. There are subcentimetre mediastinal lymph nodes which are not enlarged by size criteria. No pleural or pericardial effusion. Visualised upper abdomen is unremarkable. The bones are osteopenic and show degenerative changes. CONCLUSION Bronchiectasis in both lungs is stable in extent. It is most severe in the middle lobe and lingula lobe with resultant volume loss. Diffuse bronchial thickening in both lungs with inflammatory centrilobular nodules due to chronic airway inflammation is worse, with increased involvement of bilateral upper and lower lobes.. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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