# Row 6599

Visit Number: 3b7f103b9321214fba9d6da043a70a4070587f389a2e4e26b31b9a38eda1eeed

Masked\_PatientID: 6599

Order ID: d785f2dee09934d2700440b8dc5f63c6c6adb772e8f5f6eb2072c8df2f25709a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/5/2017 10:38

Line Num: 1

Text: HISTORY chronic cough with weight loss ? apical changes on cxr TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT available. Several foci of traction bronchiectasis, mucus plugging, bronchial wall thickening, tree in bud disease are scattered in the upper and anterior lungs, including the inferior aspect of the lingula and middle lobe, suspicious for recurrent airway infection. No confluent consolidation or ground-glass changes noted. There is no lung mass or sinister nodule. No interstitial fibrosis or emphysema is evident. Major airways are patent. Small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Heart size is not enlarged. Coronary and aortic calcifications seen. No pericardial or pleural effusion seen. No pericardial or pleural effusion is noted. Limited sections of the unenhanced upper abdomen shows calcifications of the abdominal aorta, 5 mm right upper renal stone and a 20 mm right mid renal cyst. No destructive bony lesion is seen. CONCLUSION 1. Lung findings are likely related to recurrent airway infection. One of the considerations may include atypical mycobacterial infection. 2. No ominous mass in the thorax. 3. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 039c5774f5f3de2715dfc7d0bc5593c316af4ea86bba9ad18c9fe524d1acae1c

Updated Date Time: 21/5/2017 18:19

## Layman Explanation

This radiology report discusses HISTORY chronic cough with weight loss ? apical changes on cxr TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT available. Several foci of traction bronchiectasis, mucus plugging, bronchial wall thickening, tree in bud disease are scattered in the upper and anterior lungs, including the inferior aspect of the lingula and middle lobe, suspicious for recurrent airway infection. No confluent consolidation or ground-glass changes noted. There is no lung mass or sinister nodule. No interstitial fibrosis or emphysema is evident. Major airways are patent. Small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Heart size is not enlarged. Coronary and aortic calcifications seen. No pericardial or pleural effusion seen. No pericardial or pleural effusion is noted. Limited sections of the unenhanced upper abdomen shows calcifications of the abdominal aorta, 5 mm right upper renal stone and a 20 mm right mid renal cyst. No destructive bony lesion is seen. CONCLUSION 1. Lung findings are likely related to recurrent airway infection. One of the considerations may include atypical mycobacterial infection. 2. No ominous mass in the thorax. 3. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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