# Row 6679

Visit Number: 22a2f69a0a222d5f0c48de7dbf4af8a82d398859ea51ff9e04aed1a832a9555b

Masked\_PatientID: 6653

Order ID: b3c831786ad96a9e739b1efdd112a227b260852ef5a86719ccf06b70d04980d6

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 09/10/2017 9:59

Line Num: 1

Text: HISTORY systemic sclerosis with ILD post autologous stem cell transplant. July 2017 recent adm for PCP. For followup scan 3 mths TECHNIQUE Plain CT thorax was performed with high-resolution reconstructions. FINDINGS Prior CTs of 05/07/2017, 27/02/2017 and 12/08/2015 were reviewed. Interval decrease in ground-glass density in the left upper and both lower lobes is consistent with resolved pneumonitis. Diffuse ground-glass and fine reticular changes worst in the middle and both lower lobes with associated mild traction bronchiectasis is again seen. The overall extent of the involvement of the lung parenchyma is largely unchanged compared with the previous CT of 27/02/2017 in keeping with underlying nonspecific interstitial pneumonia (NSIP). However, there is interval improvement of the ground-glass opacification since the previous CT of 27/02/2017 suggesting interval resolution of previously treated PCP. No honeycomb fibrotic changes seen. Stable 4 mm left upper lobe ground-glass nodule (2-20). No focal consolidation or pleural effusion seen. Central airways are patent. Stable borderline enlarged 1.2 x 1.0 cm prevascular lymph node (3-34) and several small-volume mediastinal lymphnodes (some calcified), likely related to prior granulomatous infection. Heart size is normal. No pericardial effusion seen. Stable mild dilatation of the distal oesophagus again seen. Limited sections of the upper abdomen are unremarkable apart from a stable subcentimetre calcific focus in the right hepatic lobe, probably a granuloma (3-89). No overt bony destruction. CONCLUSION Interval decrease in ground-glass opacifications in both lungs suggestive of resolved PCP. Background parenchymal and interstitial changes are largely unchanged since the CT of 27/02/2017, compatible with NSIP. Stable subcentimetre left upper lobe ground-glass nodule. Known / Minor Reported by: <DOCTOR>

Accession Number: 2e4c51b134aca44190b194d8a71acead69c14e156a2950bbb9b66ffc06c9d080

Updated Date Time: 12/10/2017 10:54

## Layman Explanation

This radiology report discusses HISTORY systemic sclerosis with ILD post autologous stem cell transplant. July 2017 recent adm for PCP. For followup scan 3 mths TECHNIQUE Plain CT thorax was performed with high-resolution reconstructions. FINDINGS Prior CTs of 05/07/2017, 27/02/2017 and 12/08/2015 were reviewed. Interval decrease in ground-glass density in the left upper and both lower lobes is consistent with resolved pneumonitis. Diffuse ground-glass and fine reticular changes worst in the middle and both lower lobes with associated mild traction bronchiectasis is again seen. The overall extent of the involvement of the lung parenchyma is largely unchanged compared with the previous CT of 27/02/2017 in keeping with underlying nonspecific interstitial pneumonia (NSIP). However, there is interval improvement of the ground-glass opacification since the previous CT of 27/02/2017 suggesting interval resolution of previously treated PCP. No honeycomb fibrotic changes seen. Stable 4 mm left upper lobe ground-glass nodule (2-20). No focal consolidation or pleural effusion seen. Central airways are patent. Stable borderline enlarged 1.2 x 1.0 cm prevascular lymph node (3-34) and several small-volume mediastinal lymphnodes (some calcified), likely related to prior granulomatous infection. Heart size is normal. No pericardial effusion seen. Stable mild dilatation of the distal oesophagus again seen. Limited sections of the upper abdomen are unremarkable apart from a stable subcentimetre calcific focus in the right hepatic lobe, probably a granuloma (3-89). No overt bony destruction. CONCLUSION Interval decrease in ground-glass opacifications in both lungs suggestive of resolved PCP. Background parenchymal and interstitial changes are largely unchanged since the CT of 27/02/2017, compatible with NSIP. Stable subcentimetre left upper lobe ground-glass nodule. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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