# Row 6674

Visit Number: 7541e4c4ec7c5d514c99da6fb67d9d6dbcf7d6cc7bf3166829fa3b7fce8d4ca4

Masked\_PatientID: 6653

Order ID: e9e56f34e918fc14877dc9fd8ea00198fc9b02f7d144f164e6ecdf4b87fd1831

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 20/11/2015 10:21

Line Num: 1

Text: HISTORY Scleroderma ILD with recent severe bilat pneumonia 3 mths ago-to monitor- pls compare with last CT. If back to baseline ILD with no consolidative changes then to consider for stem cell transplant TECHNIQUE Unenhanced HRCT chest FINDINGS The previous CT pulmonary angiogram dated 02/10/2015, the HRCT studies dated 23/09/2015 and 12/08/2015 were reviewed. Mild / subtle ground-glass change is seen, particularly at the lower zones, associated with mild traction bronchiectasis. The appearances have improved from the previous CT studies. There is also mild peripheral fine reticulation, without honeycombing. There is a discrete ground-glass opacity in the left upper lobe (series two image 20) measuring 5 mm, which is stable. There is no consolidation or pleural effusion. The airways are patent. There are calcified right supraclavicular, paratracheal and right paratracheal nodes, in keeping with previous granulomatous disease. No lymphadenopathy is detected. The main pulmonary trunk is normal in calibre. The heart size is within normal limits. There is no pericardial effusion. The oesophagus is patulous, likely related which may related to the underlying diagnosis of scleroderma. The limited images of the upper abdomen show a calcified focus in the right hepatic lobe which is likely a granuloma. No significant bony abnormality is seen. CONCLUSION There is significant interval improvement from the previous CT studies. The lungs show mild ground-glass change in the lower zones associated with fine peripheral reticulation and mild traction bronchiectasis, suggestive of interstitial disease of NSIP pattern. Known / Minor Finalised by: <DOCTOR>

Accession Number: 0122ab3d92bc0c99699c4641d12ef6a4f87172ff07bdedd795a031f4e671aca4

Updated Date Time: 20/11/2015 16:49

## Layman Explanation

This radiology report discusses HISTORY Scleroderma ILD with recent severe bilat pneumonia 3 mths ago-to monitor- pls compare with last CT. If back to baseline ILD with no consolidative changes then to consider for stem cell transplant TECHNIQUE Unenhanced HRCT chest FINDINGS The previous CT pulmonary angiogram dated 02/10/2015, the HRCT studies dated 23/09/2015 and 12/08/2015 were reviewed. Mild / subtle ground-glass change is seen, particularly at the lower zones, associated with mild traction bronchiectasis. The appearances have improved from the previous CT studies. There is also mild peripheral fine reticulation, without honeycombing. There is a discrete ground-glass opacity in the left upper lobe (series two image 20) measuring 5 mm, which is stable. There is no consolidation or pleural effusion. The airways are patent. There are calcified right supraclavicular, paratracheal and right paratracheal nodes, in keeping with previous granulomatous disease. No lymphadenopathy is detected. The main pulmonary trunk is normal in calibre. The heart size is within normal limits. There is no pericardial effusion. The oesophagus is patulous, likely related which may related to the underlying diagnosis of scleroderma. The limited images of the upper abdomen show a calcified focus in the right hepatic lobe which is likely a granuloma. No significant bony abnormality is seen. CONCLUSION There is significant interval improvement from the previous CT studies. The lungs show mild ground-glass change in the lower zones associated with fine peripheral reticulation and mild traction bronchiectasis, suggestive of interstitial disease of NSIP pattern. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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