# Row 6766

Visit Number: 13f63a4bb2e175a1fc1bbc76e33fb818f7732806821cfd3a13b33e7230e98e7a

Masked\_PatientID: 6759

Order ID: 6d5bc61a1bd23418b9b2b1bbc3cb44c2a3e2f2aedaf1a3f0c5326843afc4f387

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/2/2019 12:42

Line Num: 1

Text: HISTORY Prolonged cough in immunocompromised host for invx B/g ESRF sec to IgA nephropathy s/p DDRTx Sep 2016 TECHNIQUE Noncontrast-enhanced CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Reference is made to prior chest radiograph dated 7 February 2019. A consolidative focus with adjacent ground-glass change is present in the peripheral aspect of the right upper lobe anterior segment (se 3-49). No cavitation. A 0.5 cm pulmonary nodule ispresent in the right lower lobe posterolateral basal segment (se 3-96). Mild atelectatic change is also noted in the right lower lobe. Mild generalised airway thickening is present in both lungs with minimal bronchiectatic in the lingula (se 3-83) and right lower lobe. The major airways are patent. No pleural effusion is seen. Atherosclerotic calcifications are present in the normal calibre thoracic aorta and coronary arteries. The cardiac size is not enlarged. No pericardial effusion is identified. No significantly enlarged intrathoracic lymph node is identified. Hypodense foci are present in the thyroid lobes with coarse calcifications in the right lower lobe. The included upper abdomen is unremarkable save for uncomplicated cholelithiasis and atrophic kidneys. No destructive bony process is seen. Lower cervical instrumentation is partially imaged. Degenerative changes are present in the spine. A 1.5 cm cutaneous cystic lesion in the right anterior chest wall likely represents a sebaceous cyst. CONCLUSION Focal consolidation in the peripheral aspect of the right upper lobe with mild adjacent ground-glass change, suggest correlation for chest infection (bacterial or even atypical infections such as fungal ). Follow-up study post-treatment is recommended to ensure interval resolution. Non-specific right lower lobe pulmonary nodule. Mild diffuse airway thickening in both lungs, likely inflammatory. Minimal bronchiectasis changes in the right lower lobe and inferior lingula. Other findings are as detailed in the body of the report. May need further action Kee Tze Phei , Senior Resident , 17033Z Finalised by: <DOCTOR>

Accession Number: 800624bbf6c07970c639894c8c5aef9b963ba3dfea3419dfc1e553cf05f7f066

Updated Date Time: 09/2/2019 19:29

## Layman Explanation

This radiology report discusses HISTORY Prolonged cough in immunocompromised host for invx B/g ESRF sec to IgA nephropathy s/p DDRTx Sep 2016 TECHNIQUE Noncontrast-enhanced CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Reference is made to prior chest radiograph dated 7 February 2019. A consolidative focus with adjacent ground-glass change is present in the peripheral aspect of the right upper lobe anterior segment (se 3-49). No cavitation. A 0.5 cm pulmonary nodule ispresent in the right lower lobe posterolateral basal segment (se 3-96). Mild atelectatic change is also noted in the right lower lobe. Mild generalised airway thickening is present in both lungs with minimal bronchiectatic in the lingula (se 3-83) and right lower lobe. The major airways are patent. No pleural effusion is seen. Atherosclerotic calcifications are present in the normal calibre thoracic aorta and coronary arteries. The cardiac size is not enlarged. No pericardial effusion is identified. No significantly enlarged intrathoracic lymph node is identified. Hypodense foci are present in the thyroid lobes with coarse calcifications in the right lower lobe. The included upper abdomen is unremarkable save for uncomplicated cholelithiasis and atrophic kidneys. No destructive bony process is seen. Lower cervical instrumentation is partially imaged. Degenerative changes are present in the spine. A 1.5 cm cutaneous cystic lesion in the right anterior chest wall likely represents a sebaceous cyst. CONCLUSION Focal consolidation in the peripheral aspect of the right upper lobe with mild adjacent ground-glass change, suggest correlation for chest infection (bacterial or even atypical infections such as fungal ). Follow-up study post-treatment is recommended to ensure interval resolution. Non-specific right lower lobe pulmonary nodule. Mild diffuse airway thickening in both lungs, likely inflammatory. Minimal bronchiectasis changes in the right lower lobe and inferior lingula. Other findings are as detailed in the body of the report. May need further action Kee Tze Phei , Senior Resident , 17033Z Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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