# Row 6771

Visit Number: 2a7e8ac25dbf3064c2b7bd2ac424c2810044d7c11927f791e6c98d54f8e9478f

Masked\_PatientID: 6759

Order ID: cf83b2abdbead705dee01d39cc7b63ea4a013bbe2a31dbb0897bbdc9342d3ff4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 25/3/2019 18:50

Line Num: 1

Text: HISTORY Right Upper lobe possible invasive fungal infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous CT chest dated 9 February 2019 was reviewed. Previously seen consolidative focus with adjacent ground-glass change in the anterior segment of the right upper lobe is slightly less well-defined (3\47). There are new subtle ill-defined ground-glass patches in the right upper lobe (for e.g. 3\34, 40, 49). Previous tiny nodule in the posterior segment of the right lower lobe is no longer seen, probably resolved inflammatory change. Again there is mild bronchial wall thickening and minimal bronchiectatic change in the lingula and right lung base. Trachea and central airways are patent. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Heart is mildly enlarged. There is coronary arterial disease. No pericardial or pleural effusion. Stable coarse calcifications in the right lobe of the thyroid gland. There is bilateral gynecomastia. Stable well-circumscribed low attenuation subcutaneous nodule in the right anterior chest wall is nonspecific, possibly a sebaceous cyst (2\36). In the limited sections of the upper abdomen, thereis suggestion of periportal fluid stranding. Atrophic left kidney in keeping with end-stage renal disease. There is no destructive bony lesion. Partially imaged spinal instrumentation of the lower cervical spine. CONCLUSION Since CT dated 9 Feb 2019: 1. Slightly less well-defined appearance of the consolidative focus with peripheral ground-glass change in the right upper lobe; no cavitary change. New ill-defined vague peribronchial ground-glass changes in the right upper lobe. Overall findings likely infective, of which fungal infection is a consideration. 2. Partially imaged periportal fluid stranding is of indeterminate significance, possibly inflammatory in nature. Please correlate for relevant clinical symptoms. 3.Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: be925294f886582645e1b15989db2090e087a8984225024bf82e672cc95bcb3e

Updated Date Time: 29/3/2019 18:04

## Layman Explanation

This radiology report discusses HISTORY Right Upper lobe possible invasive fungal infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous CT chest dated 9 February 2019 was reviewed. Previously seen consolidative focus with adjacent ground-glass change in the anterior segment of the right upper lobe is slightly less well-defined (3\47). There are new subtle ill-defined ground-glass patches in the right upper lobe (for e.g. 3\34, 40, 49). Previous tiny nodule in the posterior segment of the right lower lobe is no longer seen, probably resolved inflammatory change. Again there is mild bronchial wall thickening and minimal bronchiectatic change in the lingula and right lung base. Trachea and central airways are patent. No supraclavicular, mediastinal, hilar or axillary lymphadenopathy. Heart is mildly enlarged. There is coronary arterial disease. No pericardial or pleural effusion. Stable coarse calcifications in the right lobe of the thyroid gland. There is bilateral gynecomastia. Stable well-circumscribed low attenuation subcutaneous nodule in the right anterior chest wall is nonspecific, possibly a sebaceous cyst (2\36). In the limited sections of the upper abdomen, thereis suggestion of periportal fluid stranding. Atrophic left kidney in keeping with end-stage renal disease. There is no destructive bony lesion. Partially imaged spinal instrumentation of the lower cervical spine. CONCLUSION Since CT dated 9 Feb 2019: 1. Slightly less well-defined appearance of the consolidative focus with peripheral ground-glass change in the right upper lobe; no cavitary change. New ill-defined vague peribronchial ground-glass changes in the right upper lobe. Overall findings likely infective, of which fungal infection is a consideration. 2. Partially imaged periportal fluid stranding is of indeterminate significance, possibly inflammatory in nature. Please correlate for relevant clinical symptoms. 3.Other findings as described above. 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.