# Row 7010

Visit Number: a159365ceec3a6570d24546889fe5ba7878346ceff7981d1157a518fc2ec55c3

Masked\_PatientID: 7006

Order ID: a505f5ce9143fa22d075a7a52f1f4f91a08c4957c6ed9059473fdbddf81a98d4

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 15/5/2018 14:40

Line Num: 1

Text: HISTORY SOB on b/g Paclitxel-induced pneumonitis s/p steroids for Ix TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS Comparison made with the CT of 28 January 2018. Note is made of the earlier CT of 15 December 2017. Patchy bilateral ground-glass opacities seen on the prior CT have resolved. There is residual stable mild scarring and traction airway dilatation in both lungs, especially the periphery of the upper lobes and right lower lobe. No new focus of consolidation is detected. No grossly enlarged mediastinal or hilar lymph node is seen. Heart size is normal. No pericardial or pleural effusion is seen. Previous bilateral mastectomy noted, with fluid seen in both surgical bed, mildlydecreased from four. The limited sections of the upper abdomen reveal decreased hepatic attenuation compatible with steatosis. Stable focal calcification seen at the dome of the liver. No destructive bone lesion is seen. CONCLUSION Since 28 Jan 2018: 1. Previously noted bilateral ground glass opacities have resolved. 2. Stable mild residual bilateral lung scarring and mild traction bronchiectasis, most evident in the periphery of the upper lobes and right lower lobe. Known / Minor Finalised by: <DOCTOR>

Accession Number: ef77781dddb36063eb8ef932a1b7a73b880d598036b34525dd6103443d1c35cd

Updated Date Time: 15/5/2018 16:24

## Layman Explanation

This radiology report discusses HISTORY SOB on b/g Paclitxel-induced pneumonitis s/p steroids for Ix TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS Comparison made with the CT of 28 January 2018. Note is made of the earlier CT of 15 December 2017. Patchy bilateral ground-glass opacities seen on the prior CT have resolved. There is residual stable mild scarring and traction airway dilatation in both lungs, especially the periphery of the upper lobes and right lower lobe. No new focus of consolidation is detected. No grossly enlarged mediastinal or hilar lymph node is seen. Heart size is normal. No pericardial or pleural effusion is seen. Previous bilateral mastectomy noted, with fluid seen in both surgical bed, mildlydecreased from four. The limited sections of the upper abdomen reveal decreased hepatic attenuation compatible with steatosis. Stable focal calcification seen at the dome of the liver. No destructive bone lesion is seen. CONCLUSION Since 28 Jan 2018: 1. Previously noted bilateral ground glass opacities have resolved. 2. Stable mild residual bilateral lung scarring and mild traction bronchiectasis, most evident in the periphery of the upper lobes and right lower lobe. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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