# Row 7017

Visit Number: 35c2729c16c646ab27fcf4a2399115babe1b7f7be3fe1c437083d11c83c67aa1

Masked\_PatientID: 7017

Order ID: 0e961a0276c6a8da5d0408fbaf2139829034c7edc4ffd86ce0264674765976a4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/8/2016 19:50

Line Num: 1

Text: HISTORY Admitted for recurrent hemoptysis possibly secondary secondary to NTM - to look for bronchiectasis; pTB > 30 years ago, treated, AF on warfarin (suspend) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior CT scans for comparison. Correlation is made to multiple prior chest radiographs, most recently dated 16/08/2016. A few small low volume pretracheal mediastinal lymph nodes are noted, likely reactive in nature. There is no pathologic axillary, mediastinal, or hilar lymphadenopathy by size criteria. The heart is mildly enlarged. Atherosclerotic calcifications are noted of the native coronary arteries, of the thoracic aorta and proximal great vessels. No pericardial or pleural effusions are identified. The trachea and major bronchial branches are patent. There is no pneumothorax. There is mild scarring at the bilateral lung apices. There is dense opacification at the medial segment of the right middle lobe with associated mild bronchiectatic changes, most likely chronic and related to scarring, possibly from prior infectious or inflammatory process. However, additional patchy nodular injury opacities are seen in the remainder of the right middle lobe concerning for acute infectious process. Mild scarring is also seen in the inferior segment of the lingula and to a lesser extent at the basal segments of both lower lobes. Mild ground-glass opacities are seen involving the medial and posterobasal segments of the right lower lobe, which may simply be due to areas of air trapping, although possibility of additional site of infection cannot be entirely excluded. A few nonspecific pulmonary nodules are noted, examples as follows: - 3 mm nodule in the right lower lobe (5-48) - 2 mm nodule in the right lower lobe (5-64) - 3 mm ground-glass nodule in the left lower lobe (5-72) The soft tissues of the chest wall appear unremarkable. The imaged thyroid appears unremarkable. Limited evaluation of the upper abdomen is unremarkable. No destructive bony lesions identified. CONCLUSION 1. Dense opacification at the medial segment of the right middle lobe with associated mild bronchiectatic changes likely related to scarring from prior infectious or inflammatory process. 2. Additional patchy nodular and tree in bud opacities in the remainder of the right middle lobe are noted most likely representing an acute infectious process. Mild ground-glass opacification involving the medial basal and posterobasal segments of the right lower lobe may be additional site of infection versus areas of air trapping. 3. A few nonspecific pulmonary nodules are noted as described above, may be sequela of infectious or inflammatory process. No pulmonary masses noted. Detailed findings are as described above. May need further action Finalised by: <DOCTOR>

Accession Number: ac163116302b3319f274a3907e4e1e79e26927bc61a972fc9ddaa46df6bc32ec

Updated Date Time: 16/8/2016 20:25

## Layman Explanation

This radiology report discusses HISTORY Admitted for recurrent hemoptysis possibly secondary secondary to NTM - to look for bronchiectasis; pTB > 30 years ago, treated, AF on warfarin (suspend) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No prior CT scans for comparison. Correlation is made to multiple prior chest radiographs, most recently dated 16/08/2016. A few small low volume pretracheal mediastinal lymph nodes are noted, likely reactive in nature. There is no pathologic axillary, mediastinal, or hilar lymphadenopathy by size criteria. The heart is mildly enlarged. Atherosclerotic calcifications are noted of the native coronary arteries, of the thoracic aorta and proximal great vessels. No pericardial or pleural effusions are identified. The trachea and major bronchial branches are patent. There is no pneumothorax. There is mild scarring at the bilateral lung apices. There is dense opacification at the medial segment of the right middle lobe with associated mild bronchiectatic changes, most likely chronic and related to scarring, possibly from prior infectious or inflammatory process. However, additional patchy nodular injury opacities are seen in the remainder of the right middle lobe concerning for acute infectious process. Mild scarring is also seen in the inferior segment of the lingula and to a lesser extent at the basal segments of both lower lobes. Mild ground-glass opacities are seen involving the medial and posterobasal segments of the right lower lobe, which may simply be due to areas of air trapping, although possibility of additional site of infection cannot be entirely excluded. A few nonspecific pulmonary nodules are noted, examples as follows: - 3 mm nodule in the right lower lobe (5-48) - 2 mm nodule in the right lower lobe (5-64) - 3 mm ground-glass nodule in the left lower lobe (5-72) The soft tissues of the chest wall appear unremarkable. The imaged thyroid appears unremarkable. Limited evaluation of the upper abdomen is unremarkable. No destructive bony lesions identified. CONCLUSION 1. Dense opacification at the medial segment of the right middle lobe with associated mild bronchiectatic changes likely related to scarring from prior infectious or inflammatory process. 2. Additional patchy nodular and tree in bud opacities in the remainder of the right middle lobe are noted most likely representing an acute infectious process. Mild ground-glass opacification involving the medial basal and posterobasal segments of the right lower lobe may be additional site of infection versus areas of air trapping. 3. A few nonspecific pulmonary nodules are noted as described above, may be sequela of infectious or inflammatory process. No pulmonary masses noted. Detailed findings are as described above. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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