# Row 7066

Visit Number: 52e69cf066d78e6ab7024fdd999974912476cff26fb27f48e7a9faa2508fce5d

Masked\_PatientID: 7066

Order ID: 202dc95e294368bdb240a948b8382338bb3675ba915bf64b650bfe11038faa08

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/2/2017 22:33

Line Num: 1

Text: HISTORY prolong cough b/g bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with previous CT of August 2012. Progressive volume loss of the left lung is noted with severe extensive bronchiectasis and cystic / bullous changes, sparing only the inferior lingular segment and the apical left upper lobe. Opacification of the intervening parenchyma in the affected segments may be due to postinflammatory changes or infection. Status post right mastectomy. New enlarged right hilar and mediastinal lymph nodes in the pretracheal, paratracheal, aortopulmonary window stations are in keeping with metastatic disease. Prominent lymph nodes also seen in the subcarinal stations and in the right juxtadiaphragmatic stations are not present previously, the possibility of further metastatic disease. There also numerous nodules in the right hemithorax. Mostof these are in the lung although some appear to be pleural based. Nonetheless they are suspicious for metastatic disease. Bone settings show no destructive lesion. CONCLUSION Suspicious for widespread intrathoracic metastases. Left lung changes due to progressive chronic disease from underlying bronchiectasis and cystic changes. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: fb2d1b1a01158c49a8a8a69dd4c9d0e7d5a43610faba0c65445321a12ef6579d

Updated Date Time: 05/2/2017 13:50

## Layman Explanation

This radiology report discusses HISTORY prolong cough b/g bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison is made with previous CT of August 2012. Progressive volume loss of the left lung is noted with severe extensive bronchiectasis and cystic / bullous changes, sparing only the inferior lingular segment and the apical left upper lobe. Opacification of the intervening parenchyma in the affected segments may be due to postinflammatory changes or infection. Status post right mastectomy. New enlarged right hilar and mediastinal lymph nodes in the pretracheal, paratracheal, aortopulmonary window stations are in keeping with metastatic disease. Prominent lymph nodes also seen in the subcarinal stations and in the right juxtadiaphragmatic stations are not present previously, the possibility of further metastatic disease. There also numerous nodules in the right hemithorax. Mostof these are in the lung although some appear to be pleural based. Nonetheless they are suspicious for metastatic disease. Bone settings show no destructive lesion. CONCLUSION Suspicious for widespread intrathoracic metastases. Left lung changes due to progressive chronic disease from underlying bronchiectasis and cystic changes. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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