# Row 7186

Visit Number: c0caca5b255b31437cdf422c2c349631084297aa2df061c2c25be8b36318ea21

Masked\_PatientID: 7185

Order ID: cd72f1452107f6b0b2bba9495cfb504f6dc1f570e3dedf1300c6c0e74dfbb9cc

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 26/10/2018 19:49

Line Num: 1

Text: HISTORY Severe AR; history of syncope TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Ascending aorta is normal in calibre. At the level pulmonary artery bifurcation, the ascending aorta measures 3.9 cm and descending aorta measures 3.5 cm. There is no significant mural calcification along the ascending aorta. Specks of atherosclerotic calcified plaques are visualised in the arch and descending aorta. Small pericardial effusion is present. There is also small left pleural effusion. No significant right pleural effusion. There are patchy areas of consolidation, ground-glass change and bronchial wall thickening in both lungs involving the upper and lower lobes, suggesting infective changes. In the left lung base, there is septal thickening with honeycombing and traction dilatation of the airways, representing pulmonary fibrosis. In the visualised upper abdomen, hypodense lesions in the liver are likely cysts. No bony destruction. CONCLUSION Ascending aorta appears satisfactory. No significant calcified plaque is seen. Specks of mural calcifications are visualised in the arch and descending aorta. Infective changes are visualised in both lungs involving the upper and lower lobes with bronchial wall thickening, consolidation and ground-glass changes. Pulmonary fibrosis also visualised in the left lung base. May need further action Finalised by: <DOCTOR>

Accession Number: 31cde4e9ed6b73c76f3d949ab791ed1607212277da250c98a27b29ba29c3caac

Updated Date Time: 27/10/2018 10:52

## Layman Explanation

This radiology report discusses HISTORY Severe AR; history of syncope TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Ascending aorta is normal in calibre. At the level pulmonary artery bifurcation, the ascending aorta measures 3.9 cm and descending aorta measures 3.5 cm. There is no significant mural calcification along the ascending aorta. Specks of atherosclerotic calcified plaques are visualised in the arch and descending aorta. Small pericardial effusion is present. There is also small left pleural effusion. No significant right pleural effusion. There are patchy areas of consolidation, ground-glass change and bronchial wall thickening in both lungs involving the upper and lower lobes, suggesting infective changes. In the left lung base, there is septal thickening with honeycombing and traction dilatation of the airways, representing pulmonary fibrosis. In the visualised upper abdomen, hypodense lesions in the liver are likely cysts. No bony destruction. CONCLUSION Ascending aorta appears satisfactory. No significant calcified plaque is seen. Specks of mural calcifications are visualised in the arch and descending aorta. Infective changes are visualised in both lungs involving the upper and lower lobes with bronchial wall thickening, consolidation and ground-glass changes. Pulmonary fibrosis also visualised in the left lung base. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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