# Row 7968

Visit Number: 1a603c20fe271de19892571ded4f90e14e36bb0884098718b4ea6f2042238046

Masked\_PatientID: 7961

Order ID: 77da0eee9fbc47892d7dc430dcdb51591b7aa6dc937be73edc848baae55ec2ad

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/5/2017 14:00

Line Num: 1

Text: HISTORY bg ILD now pw increasing SOB likely NTM TECHNIQUE High-Resolution CT Chest was performed. FINDINGS The CT study of 2 August 2016 was reviewed. There is extensive honeycombing predominantly in the lower lobes, to a lesser extent in the upper lobes and middle lobe. There is interval progression since the prior study. Extensive fibrotic changes with traction bronchiectasis are demonstrated, grossly stable in distribution since August 2016. However, there is interval progression of previously-noted ground-glass changes in the middle lobe and lower lobes to patchy consolidation. There is interval development of pneumomediastinum, also along the left heart border, with extension into the neck. The trachea and major bronchi are patent. No large bulla or pneumothorax is seen. No pleural effusion is seen. A few prominent mediastinal and hilar lymph nodes are seen, likely reactive in nature, with the largest node in the subcarinal station measuring 1 cm in short axis (2-48). The heart is not enlarged and no pericardial effusion is seen. Extensive coronary artery calcification is noted. The pulmonary trunk is not overtly dilated. Post liver transplantation, with dilatation of the right portal vein (2-83), as demonstrated on ultrasound study of December 2016. No destructive bony lesion is seen. CONCLUSION -Known case possible UIP or fibrotic NSIP. -Interval development of pneumomediastinum with tracking into the neck. -Extensive honeycombing at the lower lobes, as well as the upper lobes and middle lobe show interval progression. There is interval progression of consolidation in the middle lobe and both lower lobes, likely due to infective / inflammatory etiology. -Mildly enlarged mediastinal lymphadenopathy, likely reactive. No suspicious pulmonary mass or cavitating lesion is detected. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 222b36bb1edefc955b0e9e06ea2c1307772ca1850ac69d0f702a6ac12ced079a

Updated Date Time: 08/5/2017 12:33

## Layman Explanation

This radiology report discusses HISTORY bg ILD now pw increasing SOB likely NTM TECHNIQUE High-Resolution CT Chest was performed. FINDINGS The CT study of 2 August 2016 was reviewed. There is extensive honeycombing predominantly in the lower lobes, to a lesser extent in the upper lobes and middle lobe. There is interval progression since the prior study. Extensive fibrotic changes with traction bronchiectasis are demonstrated, grossly stable in distribution since August 2016. However, there is interval progression of previously-noted ground-glass changes in the middle lobe and lower lobes to patchy consolidation. There is interval development of pneumomediastinum, also along the left heart border, with extension into the neck. The trachea and major bronchi are patent. No large bulla or pneumothorax is seen. No pleural effusion is seen. A few prominent mediastinal and hilar lymph nodes are seen, likely reactive in nature, with the largest node in the subcarinal station measuring 1 cm in short axis (2-48). The heart is not enlarged and no pericardial effusion is seen. Extensive coronary artery calcification is noted. The pulmonary trunk is not overtly dilated. Post liver transplantation, with dilatation of the right portal vein (2-83), as demonstrated on ultrasound study of December 2016. No destructive bony lesion is seen. CONCLUSION -Known case possible UIP or fibrotic NSIP. -Interval development of pneumomediastinum with tracking into the neck. -Extensive honeycombing at the lower lobes, as well as the upper lobes and middle lobe show interval progression. There is interval progression of consolidation in the middle lobe and both lower lobes, likely due to infective / inflammatory etiology. -Mildly enlarged mediastinal lymphadenopathy, likely reactive. No suspicious pulmonary mass or cavitating lesion is detected. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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