# Row 7974

Visit Number: 25a6c3d476537539e1e31ab74c4605668aa4d865a419fd1fa3558c8ee01e4738

Masked\_PatientID: 7961

Order ID: 4262a902b0f442e85f5ba1b9b18672b69a6c1e1c9f9e08c9ffb866943aeef062

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 24/3/2016 11:43

Line Num: 1

Text: HISTORY Likely NSIP. Liver transplant TECHNIQUE Scans acquired as per department protocol. No intravenous contrast was given. FINDINGS Comparison is made with the previous CT dated 22/01/2014. CT scans of the thorax dated back to 18 May 2010 were reviewed. It is noted that the lung biopsy histology dated 20 May 2010 showed non-specific change. There is interval worsening of bilateral, asymmetrical fibrosis with predominantly peripheral reticular densities, traction bronchiectasis and honeycombing (e.g. image 2/42 cf previous 2/45). The abnormal lung findings are mainly in the upper lung zones and the lung bases. The 4 x 2mm middle lobe pulmonary nodule (image 3/55) is stable since 2010 and is non-specific. The heart is normal in size. Dense atherosclerotic calcifications of the coronary arteries are again seen. No pleural or pericardial effusion is detected. There is no nlarged mediastinal, hilar, axillary or supraclavicular lymph node. The limited images of the upper abdomen again show a transplant liver graft with a dilated right portal vein that is unchanged. No destructive bone lesion is seen. CONCLUSION Interval mild worsening of the fibrotic component of the insterstitial lung disease, presumed to represent fibrotic non-specific interstitial pneumonia. May need further action Reported by: <DOCTOR>

Accession Number: 2d129019376db8b29c4b4808ea865da99bfbce4b17da770942f0bb463f4a117b

Updated Date Time: 24/3/2016 18:40

## Layman Explanation

This radiology report discusses HISTORY Likely NSIP. Liver transplant TECHNIQUE Scans acquired as per department protocol. No intravenous contrast was given. FINDINGS Comparison is made with the previous CT dated 22/01/2014. CT scans of the thorax dated back to 18 May 2010 were reviewed. It is noted that the lung biopsy histology dated 20 May 2010 showed non-specific change. There is interval worsening of bilateral, asymmetrical fibrosis with predominantly peripheral reticular densities, traction bronchiectasis and honeycombing (e.g. image 2/42 cf previous 2/45). The abnormal lung findings are mainly in the upper lung zones and the lung bases. The 4 x 2mm middle lobe pulmonary nodule (image 3/55) is stable since 2010 and is non-specific. The heart is normal in size. Dense atherosclerotic calcifications of the coronary arteries are again seen. No pleural or pericardial effusion is detected. There is no nlarged mediastinal, hilar, axillary or supraclavicular lymph node. The limited images of the upper abdomen again show a transplant liver graft with a dilated right portal vein that is unchanged. No destructive bone lesion is seen. CONCLUSION Interval mild worsening of the fibrotic component of the insterstitial lung disease, presumed to represent fibrotic non-specific interstitial pneumonia. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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