# Row 8052

Visit Number: 5362d7e3babc73ef4f35dd2edc38bb9556088c59e773a184ee24bc545d903eb0

Masked\_PatientID: 8047

Order ID: 5314040a6c13b1ee7c229e8f75677938752443cfe3c8463fddd4869416b7f5eb

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 15/4/2015 18:11

Line Num: 1

Text: HISTORY Cough with RUZ nodule Infective vs tumor TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous examination available for comparison. Thereis an opacity in the right upper lobe with irregular margin measuring 2.5 x 1.9 x 1.6 cm (AP X TV X CC). It contains some air bronchograms with adjacent ground-glass change. Thin linear tracts are seen extending to the pleura from the right lateral aspect. There is an enlarged right hilar lymph node measuring 1.2 cm. Scattered tree in bud opacities and patchy airspace consolidation are seen in the anterior and posterior segments of the right upper lobe, middle lobe, lingula and both lower lobes. Mild bronchiectasis is noted in the middle lobe and lingula. Mild prominence of the bronchi is also noted in the superior segments of the lower lobes. The central airways are patent. No pleural effusion is detected. The cardiac size is within normal limits. The patient is status post thyroidectomy, however there is a 10 x 7 mm enhancing focus on the right side which may represent remnant thyroid. Further correlation with prior surgical history is suggested. Multiple hypodense lesions are scattered in the liver, as well as an enhancing focus in segment VI. Peripheral enhancement adjacent to a hypodensity in segment two of the liver is seen, which may be perfusional. A large cyst in the right renal upper pole with internal calcifications is partially visualised. A sclerotic focus in the right lateral aspect of T9 vertebra is likely a bone island. CONCLUSION 1. Scattered tree in bud opacities and patchy airspace consolidation in both lugs as described with mild bronchiectatic changes mainly involving the middle lobe and lingua. These changes are likely due to infection/inflammation. Non tuberculous mycobacterial infection is a consideration. 2. Right upper lobe opacity with irregular margin may well be secondary to infection given the widespread changes elsewhere; however malignancy cannot be excluded. Please correlate for signs of infection. Close follow up with CXR in 4 weeks after treatment is an option. 3. Enhancing lesion in segment VI of the liver is indeterminate. Further characterisation with dedicated CT/MRI should be considered. 4. Partially imaged right renal upper pole cyst with internal calcifications. May need further action Reported by: <DOCTOR>

Accession Number: e4b858403eed3b7f9cbb462989a4ad9edb8791bb7e24abd0a5e0f0e3e4e60e3f

Updated Date Time: 21/4/2015 8:51

## Layman Explanation

This radiology report discusses HISTORY Cough with RUZ nodule Infective vs tumor TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No previous examination available for comparison. Thereis an opacity in the right upper lobe with irregular margin measuring 2.5 x 1.9 x 1.6 cm (AP X TV X CC). It contains some air bronchograms with adjacent ground-glass change. Thin linear tracts are seen extending to the pleura from the right lateral aspect. There is an enlarged right hilar lymph node measuring 1.2 cm. Scattered tree in bud opacities and patchy airspace consolidation are seen in the anterior and posterior segments of the right upper lobe, middle lobe, lingula and both lower lobes. Mild bronchiectasis is noted in the middle lobe and lingula. Mild prominence of the bronchi is also noted in the superior segments of the lower lobes. The central airways are patent. No pleural effusion is detected. The cardiac size is within normal limits. The patient is status post thyroidectomy, however there is a 10 x 7 mm enhancing focus on the right side which may represent remnant thyroid. Further correlation with prior surgical history is suggested. Multiple hypodense lesions are scattered in the liver, as well as an enhancing focus in segment VI. Peripheral enhancement adjacent to a hypodensity in segment two of the liver is seen, which may be perfusional. A large cyst in the right renal upper pole with internal calcifications is partially visualised. A sclerotic focus in the right lateral aspect of T9 vertebra is likely a bone island. CONCLUSION 1. Scattered tree in bud opacities and patchy airspace consolidation in both lugs as described with mild bronchiectatic changes mainly involving the middle lobe and lingua. These changes are likely due to infection/inflammation. Non tuberculous mycobacterial infection is a consideration. 2. Right upper lobe opacity with irregular margin may well be secondary to infection given the widespread changes elsewhere; however malignancy cannot be excluded. Please correlate for signs of infection. Close follow up with CXR in 4 weeks after treatment is an option. 3. Enhancing lesion in segment VI of the liver is indeterminate. Further characterisation with dedicated CT/MRI should be considered. 4. Partially imaged right renal upper pole cyst with internal calcifications. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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