# Row 8227

Visit Number: 3d96ef818fb537621862374d10c8085e51de86621c0c59a16a82ff8cb7c077e0

Masked\_PatientID: 8227

Order ID: 5d25092fabfe1795ed054c925a59902d0f673ed988b97ccd313358301fbdcf88

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/10/2015 21:23

Line Num: 1

Text: HISTORY pt with b/g ptb treated in china in 2011 admitted for hemoptysis, more than 50cent coin, fresh blood CT thorax to evaluate for cause of hemoptysis 1st set AFB smear negative TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior examinations. There are patchy opacities within the left lower lobe, mostly in a peribronchial distribution. There is mucus plugging and bronchial wall thickening. The left lower lobe bronchus is opacified. No discrete mass is appreciated, but this may be obscured by underlying mucous plugging. There is scarring in the left upper and superior segments of both lower lobes, as well as themiddle lobe, from old infection. The heart and mediastinum are unremarkable in appearance. No axillary, mediastinal, or hilar lymphadenopathy is noted. There is a dominant cyst within the liver, measuring up to 2.1 cm. Additional tiny nonspecific lesions seen within the kidneys, too small to characterise. The spleen, adrenal glands, and pancreas are unremarkable. The upper poles kidneys are within normal limits. CONCLUSION Left lower lobe pneumonia, with mucus plugging and bronchial wall thickening. No discrete mass identified, however, follow-up to resolution is recommended. May need further action Finalised by: <DOCTOR>

Accession Number: f75ea466af21a567edb29a529b74cf695c9ed3cca6ca22655668b0c9201d3441

Updated Date Time: 08/10/2015 9:41

## Layman Explanation

This radiology report discusses HISTORY pt with b/g ptb treated in china in 2011 admitted for hemoptysis, more than 50cent coin, fresh blood CT thorax to evaluate for cause of hemoptysis 1st set AFB smear negative TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior examinations. There are patchy opacities within the left lower lobe, mostly in a peribronchial distribution. There is mucus plugging and bronchial wall thickening. The left lower lobe bronchus is opacified. No discrete mass is appreciated, but this may be obscured by underlying mucous plugging. There is scarring in the left upper and superior segments of both lower lobes, as well as themiddle lobe, from old infection. The heart and mediastinum are unremarkable in appearance. No axillary, mediastinal, or hilar lymphadenopathy is noted. There is a dominant cyst within the liver, measuring up to 2.1 cm. Additional tiny nonspecific lesions seen within the kidneys, too small to characterise. The spleen, adrenal glands, and pancreas are unremarkable. The upper poles kidneys are within normal limits. CONCLUSION Left lower lobe pneumonia, with mucus plugging and bronchial wall thickening. No discrete mass identified, however, follow-up to resolution is recommended. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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