# Row 8266

Visit Number: 3db4d8f4be02dc32c8599bc2bf5226bf25fe4fadf3daaa2f14d13c8d0e100dbe

Masked\_PatientID: 8258

Order ID: 7def8c93ee9d22487509623497b985ea5d0b285e4edce9b24ea80a22475f3ff8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/7/2019 20:27

Line Num: 1

Text: HISTORY FOR CHONRIC COUGH/ BRONCHITIS TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT dated 30 March 2010. Bronchiectasis with volume loss is again noted in the middle lobe, largely unchanged in severity and extent since the previous CT of 13 October 2017. Stable mild bronchiectasis is also seen in the lingula. Clusters of centrilobular nodules in the right upper and middle lobes are probably due to active superimposed infection. In the left upper lobe, an ill-defined ground-glass opacity shows interval increase in size since March 2010, now measuring approximately 2.4 x 1.5 cm (6-27). No solid enhancing component is seen. No suspicious pulmonary nodule is seen. The major airways are patent. Few calcified pleural plaques are seen in the right hemithorax. No pleural or pericardial effusion. Heart size is normal. The cardiac chambers and mediastinal great vessels opacify normally. No enlarged mediastinal or hilar lymph node. Stable calcified right hilar lymph node. Stable nonspecific hypodense nodule in the left thyroid lobe, appears stable since March 2010. No overt abnormality isseen within the imaged sections of the upper abdominal solid organs save for uncomplicated cholelithiasis. No destructive bony lesion is noted. CONCLUSION Bronchiectasis in the middle lobe and to lesser extent in the lingula remain largelyunchanged in severity and extent since 13 October 2017. Centrilobular nodules in the right upper and middle lobes likely represent superimposed infection. An ill-defined ground-glass opacity in the left upper lobe has increased in size sinceMarch 2010. This is indeterminate. Histological correlation is suggested. Report Indicator: Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 1bd7167e515190e439142e6e74f870cd45ffca19e890316b82edd085170a0703

Updated Date Time: 15/7/2019 12:53

## Layman Explanation

This radiology report discusses HISTORY FOR CHONRIC COUGH/ BRONCHITIS TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT dated 30 March 2010. Bronchiectasis with volume loss is again noted in the middle lobe, largely unchanged in severity and extent since the previous CT of 13 October 2017. Stable mild bronchiectasis is also seen in the lingula. Clusters of centrilobular nodules in the right upper and middle lobes are probably due to active superimposed infection. In the left upper lobe, an ill-defined ground-glass opacity shows interval increase in size since March 2010, now measuring approximately 2.4 x 1.5 cm (6-27). No solid enhancing component is seen. No suspicious pulmonary nodule is seen. The major airways are patent. Few calcified pleural plaques are seen in the right hemithorax. No pleural or pericardial effusion. Heart size is normal. The cardiac chambers and mediastinal great vessels opacify normally. No enlarged mediastinal or hilar lymph node. Stable calcified right hilar lymph node. Stable nonspecific hypodense nodule in the left thyroid lobe, appears stable since March 2010. No overt abnormality isseen within the imaged sections of the upper abdominal solid organs save for uncomplicated cholelithiasis. No destructive bony lesion is noted. CONCLUSION Bronchiectasis in the middle lobe and to lesser extent in the lingula remain largelyunchanged in severity and extent since 13 October 2017. Centrilobular nodules in the right upper and middle lobes likely represent superimposed infection. An ill-defined ground-glass opacity in the left upper lobe has increased in size sinceMarch 2010. This is indeterminate. Histological correlation is suggested. Report Indicator: 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.