# Row 8348

Visit Number: 9b5bbab4bd35544e41041e5945b1f1c6bd4de13fc714013d656fdb9013de6b44

Masked\_PatientID: 8347

Order ID: 10edf0034cd39ab49b6969354cfb9b46bf3afaa68763893aa68e69442fd5aa97

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/9/2019 17:18

Line Num: 1

Text: HISTORY worsening hemoptysis b/g bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Note is made of CT Chest dated 25 November 2013. Bronchiectasis in the medial aspect of the left lower lobe shows increase in severity and extent since 2013. There is associated consolidation and ground-glass changes with plugging of the distal airways. Centrilobular nodularities with a tree-in-bud appearance are seen in left lower lobe, increased from before. There is also mild bronchial wall thickening in the lingula segment of the left upper lobe with patchy consolidation and ground-glass changes. A few clusters of centrilobular nodules are seen in theposterior basal segment of the right lower lobe. There is scarring of the right middle lobe with minimal aeration, largely unchanged in appearance. No suspicious dominant pulmonary nodule is seen. A nonspecific 2 mm ground glass opacity in thelateral segment of right lower lobe (se 401-76) remains stable. Another nonspecific 3 mm nodule is seen in the posterior basal segment of the left lower lobe (se 401-88). No pleural effusion. The heart is normal in size. No pericardial effusion is seen. The mediastinal vessels opacify normally. No significantly enlarged mediastinal or hilar lymph node. The included sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Since 25 Nov 2013, Bronchiectasis in the medial aspect of the left lower lobe has worsened in severity and extent. Consolidation with centrilobular nodularities in the left lower lobe probably represent superimposed infective/inflammatorychanges. Mild bronchial wall thickening with ground-glass changes are also seen in the lingula segment. No suspicious dominant pulmonary mass or cavitating lesion is seen. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 5dc3613116c998fef3c3620bb06f25037b9ebaa321c9f0a517461d96112b0411

Updated Date Time: 16/9/2019 19:07

## Layman Explanation

This radiology report discusses HISTORY worsening hemoptysis b/g bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Note is made of CT Chest dated 25 November 2013. Bronchiectasis in the medial aspect of the left lower lobe shows increase in severity and extent since 2013. There is associated consolidation and ground-glass changes with plugging of the distal airways. Centrilobular nodularities with a tree-in-bud appearance are seen in left lower lobe, increased from before. There is also mild bronchial wall thickening in the lingula segment of the left upper lobe with patchy consolidation and ground-glass changes. A few clusters of centrilobular nodules are seen in theposterior basal segment of the right lower lobe. There is scarring of the right middle lobe with minimal aeration, largely unchanged in appearance. No suspicious dominant pulmonary nodule is seen. A nonspecific 2 mm ground glass opacity in thelateral segment of right lower lobe (se 401-76) remains stable. Another nonspecific 3 mm nodule is seen in the posterior basal segment of the left lower lobe (se 401-88). No pleural effusion. The heart is normal in size. No pericardial effusion is seen. The mediastinal vessels opacify normally. No significantly enlarged mediastinal or hilar lymph node. The included sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Since 25 Nov 2013, Bronchiectasis in the medial aspect of the left lower lobe has worsened in severity and extent. Consolidation with centrilobular nodularities in the left lower lobe probably represent superimposed infective/inflammatorychanges. Mild bronchial wall thickening with ground-glass changes are also seen in the lingula segment. No suspicious dominant pulmonary mass or cavitating lesion is seen. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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