# Row 8401

Visit Number: 6cbd4522ceefb2d338a7c449b59dedb35d7c034cfc83e5883b40682cc8cb148a

Masked\_PatientID: 8395

Order ID: 93627df8209655247b835fc04fadf7b70ce5f672164264dde7ec520631cd7879

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/8/2017 12:04

Line Num: 1

Text: HISTORY Recent severe CAP and CT showed slight confluent mediastinal lymph nodes. To assess for progress of these enlarged lymph nodes. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison is made with the CT chest of 06/06/2017. There is interval improvement in the consolidation and ground glass opacities involving both lungs. Small clusters of centrilobular nodules in the lingula and middle lobe likely represent residual active airway inflammation. . Subpleural and peri-fissural opacities with adjacent scarring involving both lung apices are likely post-inflammatory. Post-inflammatory opacities are also seen in the left lower lobe. A few stable subcentimetre calcified granulomas in the right upper lobe are seen. The central airways are patent. Mediastinal and bilateral hilar lymph nodes show interval reduction in size, for example of the subcarinal lymph node measures 1.0 cm (current 5-42) compared with 2.4 cm (previous 402-40). The hilar vasculature demonstrates normal enhancement. No pleural or pericardial effusion is seen. The limitations of the upper abdomen demonstrate diffuse decreased hepatic attenuation suggestive of steatosis. No bony destruction is seen. CONCLUSION Since 06/06/2017: 1. Interval improvement in the infective airspace opacities. Residual active small airways disease is present in the middle and lingular lobe. Resolution of the bilateral pleural effusions. 2. Small volume mediastinal and hilar lymph nodes are likely reactive and demonstrate interval reduction in size. Known / Minor Reported by: <DOCTOR>

Accession Number: 8ff26fac0609da5d8d00b4f14d150b25c9c6b4f6a3998ff72beadf869c0641aa

Updated Date Time: 11/8/2017 16:03

## Layman Explanation

This radiology report discusses HISTORY Recent severe CAP and CT showed slight confluent mediastinal lymph nodes. To assess for progress of these enlarged lymph nodes. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Comparison is made with the CT chest of 06/06/2017. There is interval improvement in the consolidation and ground glass opacities involving both lungs. Small clusters of centrilobular nodules in the lingula and middle lobe likely represent residual active airway inflammation. . Subpleural and peri-fissural opacities with adjacent scarring involving both lung apices are likely post-inflammatory. Post-inflammatory opacities are also seen in the left lower lobe. A few stable subcentimetre calcified granulomas in the right upper lobe are seen. The central airways are patent. Mediastinal and bilateral hilar lymph nodes show interval reduction in size, for example of the subcarinal lymph node measures 1.0 cm (current 5-42) compared with 2.4 cm (previous 402-40). The hilar vasculature demonstrates normal enhancement. No pleural or pericardial effusion is seen. The limitations of the upper abdomen demonstrate diffuse decreased hepatic attenuation suggestive of steatosis. No bony destruction is seen. CONCLUSION Since 06/06/2017: 1. Interval improvement in the infective airspace opacities. Residual active small airways disease is present in the middle and lingular lobe. Resolution of the bilateral pleural effusions. 2. Small volume mediastinal and hilar lymph nodes are likely reactive and demonstrate interval reduction in size. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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