# Row 8751

Visit Number: c97a659d3c1ea2d3ffde2623e074de3685fb2584608472a046f2dad5281650e9

Masked\_PatientID: 8735

Order ID: 20c56a06fbacd6f938619eeaa1545eaa63570ffa1fe8f6d3545cfd84fb2aa6ab

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/5/2018 16:55

Line Num: 1

Text: HISTORY AML s/p allo HSCT now with perisistent fever to rule out pulmonary aspergioolsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the prior study dated 20 Apr 2018. There are multiple new nodules in the lungs. Most are seen with slightly irregular margins. Some demonstrate a rim of ground-glass opacification, including the largest nodule in the right upper lobe which measures 2.1 x 1.9 cm (se 401/32). No cavitation is seen in these nodules. Subcentimetre centrilobular nodules are again seen in the lungs. Thickened interlobular septa are again seen in the lungs, worse than before. No significantly enlarged intra-thoracic node detected. The central airways are patent. No pleural effusion detected. Small pericardial effusion. Multiple gallstones seen. The rest of the visualized upper abdomen is unremarkable. No destructive bony lesion identified. Tip of right central line is seen in the distal SVC. CONCLUSION Multiple new nodules are seen in the lungs, some with surrounding ground-glass opacity. Given the clinical context, findings are suspicious for angio-invasive pulmonary aspergillosis. May need further action Tan Eu Jin , Resident , 19672Z Finalised by: <DOCTOR>

Accession Number: b20d091347565d32c158a11e2b0cadbf16dabdda174492baf4915061ebfd4d6c

Updated Date Time: 13/5/2018 9:23

## Layman Explanation

This radiology report discusses HISTORY AML s/p allo HSCT now with perisistent fever to rule out pulmonary aspergioolsis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison was made with the prior study dated 20 Apr 2018. There are multiple new nodules in the lungs. Most are seen with slightly irregular margins. Some demonstrate a rim of ground-glass opacification, including the largest nodule in the right upper lobe which measures 2.1 x 1.9 cm (se 401/32). No cavitation is seen in these nodules. Subcentimetre centrilobular nodules are again seen in the lungs. Thickened interlobular septa are again seen in the lungs, worse than before. No significantly enlarged intra-thoracic node detected. The central airways are patent. No pleural effusion detected. Small pericardial effusion. Multiple gallstones seen. The rest of the visualized upper abdomen is unremarkable. No destructive bony lesion identified. Tip of right central line is seen in the distal SVC. CONCLUSION Multiple new nodules are seen in the lungs, some with surrounding ground-glass opacity. Given the clinical context, findings are suspicious for angio-invasive pulmonary aspergillosis. May need further action Tan Eu Jin , Resident , 19672Z Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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