# Row 8779

Visit Number: c8990908387231f143a2d06775aa55c20006c66fa57d9b5abd83a225f07c15d8

Masked\_PatientID: 8779

Order ID: aaa8e4937606106a7feaa75cfbef4c44ac4b8156cd60aed88f67bd1aef000a50

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/12/2018 20:06

Line Num: 1

Text: HISTORY 37 domestic worker with significant frank hemoptysis over few months, worsening over past 2/7 CXR shows left upper zone increased infiltrates and small nodules Starting RHEZ for TB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The prior chest radiographs up to 5 November 2018 are reviewed. There is no evidence of left upper zone consolidation or nodularity. Mild consolidation and bronchiectasis is seen in the middle lobe. A few tiny centrilobular nodules in the middle lobe are likely infective. Minor peripheral atelectasis is seen in the lingula. No suspicious pulmonary nodule or mass is seen. Few other tiny nodules up to 0.3 cm are nonspecific (e.g. right upper lobe se 6/18, right lower lobe perifissural se 6/44). The central airways are patent. No significantly enlarged thoracic node is seen. Prominent right hilar node is nonspecific (series 5/39). No pleural effusion is seen. The heart is not enlarged. No pericardial effusion is seen. The thoracic aorta is of normal calibre. The visualised thyroid and oesophagus are grossly unremarkable. Vague hepatic segment 5/6 hypodensity is too small to characterise (series 5/96). No destructive bone lesion is seen. CONCLUSION There is no evidence of left upper zone consolidation or nodularity. Mild consolidation and bronchiectasis is seen in the middle lobe with a few tiny centrilobular nodules in the middle lobe, likely infective. Middle lobe disease with atypical mycobacterium would be a consideration. May need further action Reported by: <DOCTOR>

Accession Number: 376bd4dec59817db9e12cf3a5e1660d2b8a190fdfbfbde07342fbc061a273dc9

Updated Date Time: 05/12/2018 12:45

## Layman Explanation

This radiology report discusses HISTORY 37 domestic worker with significant frank hemoptysis over few months, worsening over past 2/7 CXR shows left upper zone increased infiltrates and small nodules Starting RHEZ for TB TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The prior chest radiographs up to 5 November 2018 are reviewed. There is no evidence of left upper zone consolidation or nodularity. Mild consolidation and bronchiectasis is seen in the middle lobe. A few tiny centrilobular nodules in the middle lobe are likely infective. Minor peripheral atelectasis is seen in the lingula. No suspicious pulmonary nodule or mass is seen. Few other tiny nodules up to 0.3 cm are nonspecific (e.g. right upper lobe se 6/18, right lower lobe perifissural se 6/44). The central airways are patent. No significantly enlarged thoracic node is seen. Prominent right hilar node is nonspecific (series 5/39). No pleural effusion is seen. The heart is not enlarged. No pericardial effusion is seen. The thoracic aorta is of normal calibre. The visualised thyroid and oesophagus are grossly unremarkable. Vague hepatic segment 5/6 hypodensity is too small to characterise (series 5/96). No destructive bone lesion is seen. CONCLUSION There is no evidence of left upper zone consolidation or nodularity. Mild consolidation and bronchiectasis is seen in the middle lobe with a few tiny centrilobular nodules in the middle lobe, likely infective. Middle lobe disease with atypical mycobacterium would be a consideration. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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