# Row 8850

Visit Number: e35ef4f03cff37248b654dd077f98bcc77d720a51fa23e74362ea187e7beaba7

Masked\_PatientID: 8832

Order ID: 7b0954e4a8e105a5afb7e27ad446ffaa9c6a3138c2417f7fdd26f1ec6d9336c8

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 15/10/2020 16:37

Line Num: 1

Text: HISTORY bronchiectasis, sarcoidosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is done with the previous study dated dated 23 October 2019 Stable prominent/borderline enlarged calcified symmetrical mediastinal and bilateral hilar nodes could related to sarcoidosis. No enlarged supraclavicular or axillary lymph node. Heart is normal in size. There is no pericardial or pleural effusion. There again seen patchy areas of bronchial wall thickening with mucous plugging, tree in bud nodularity and peribronchial consolidation and both lungs, associated with airway dilatation. Few foci have improved - such as lateral middle lobe (previous 6-60) ; while others are new or worse - for example new focus in the left upper lobe (3-25) and posterior right upper lobe (3-37). Overall extent of disease has increased. No significant abnormality seen in the included unenhanced upper abdomen. No destructive bony lesion. Healing anterior right rib fractures. CONCLUSION Stable prominent/borderline enlarged calcified symmetrical mediastinal and bilateral hilar nodes could be due to sarcoid. Bilateral patchy acute on chronic airway centred infective changes withassociated peribronchial consolidation are overall more extensive. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: f5b999979ae1e4048c1645f6040902d3444e42325987ee287b265d6e6c22d160

Updated Date Time: 22/10/2020 16:03

## Layman Explanation

This radiology report discusses HISTORY bronchiectasis, sarcoidosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS Comparison is done with the previous study dated dated 23 October 2019 Stable prominent/borderline enlarged calcified symmetrical mediastinal and bilateral hilar nodes could related to sarcoidosis. No enlarged supraclavicular or axillary lymph node. Heart is normal in size. There is no pericardial or pleural effusion. There again seen patchy areas of bronchial wall thickening with mucous plugging, tree in bud nodularity and peribronchial consolidation and both lungs, associated with airway dilatation. Few foci have improved - such as lateral middle lobe (previous 6-60) ; while others are new or worse - for example new focus in the left upper lobe (3-25) and posterior right upper lobe (3-37). Overall extent of disease has increased. No significant abnormality seen in the included unenhanced upper abdomen. No destructive bony lesion. Healing anterior right rib fractures. CONCLUSION Stable prominent/borderline enlarged calcified symmetrical mediastinal and bilateral hilar nodes could be due to sarcoid. Bilateral patchy acute on chronic airway centred infective changes withassociated peribronchial consolidation are overall more extensive. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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