# Row 8843

Visit Number: 57ebedcac4ed3b29db40c1a31bb653edd979b7614a42720132d9030b89544a56

Masked\_PatientID: 8832

Order ID: 1ab7c636fe358391cbd105afa9ba32386d933f03444b38202a66b44e921e371e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/10/2019 10:10

Line Num: 1

Text: HISTORY interval scan. has sarcoidosis. with bronchiectasis. suspected NTM. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Compared with CT study dated 27/03/2019. Mediastinal vasculature enhances normally. Enlarged mediastinal lymph nodes in aorta pulmonary window, precarinal, subcarinal regions and bilateral hilar regions are noted again with foci of punctate calcification. Most of these appear mildly smaller compared to recent CT study. Areas of bronchiectasis in both lungs, mainly in inferior lingula and medial segment of right middle lobe are noted again. There is mixed interval change in the lung changes. Example some of previously seen areas of consolidation in the left lung shows interval significant improvement for example changes in left upper lobe and lingula (compare 5-47 current versus 4-49 previous, 5-47 current versus 4-51 previous). Some bronchial wall thickening and clustered tiny nodules are still seen in these areas. Similarly previously seen consolidation in medial segment of the right middle lobe is also marginally interval improved. There are some stable changes example in posterior segment of left lower lobe (5-66). There is however interval worsening/interval development of new areas of subsegmental consolidation for example in right lower lobe (5-82) as well as in right middle lobe (5-60). Some changes in right upper lobe have also increased /interval new, some being peri bronchovascular nodular changes (5-31). Mild airway thickening is seen at places. The major airways are patent. No pleural pericardial effusions. Included sections of upper abdomen are clear. No suspicious bony lesions. CONCLUSION 1. Mediastinal and bilateral hilar adenopathy with foci of calcification appear less bulky compared to previous CT study of 27/03/2019. These may be related to known sarcoidosis. 2. There are patchy areas of consolidation and nodularity in both lungs with scattered areas of bronchiectasis. Compared to previous CT study, most of the areas of previously seen consolidation in left lung show significant interval improved whereas there is interval development/worsening of areas of consolidation and peribronchovascular nodularity in the right lung, as described above. These are likely due to superimposed infection. No effusion. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 88dd7a31a55e71acc8f8e55e0397539a71c16b6051b69c1ae1b32b99b4e65244

Updated Date Time: 23/10/2019 16:07

## Layman Explanation

This radiology report discusses HISTORY interval scan. has sarcoidosis. with bronchiectasis. suspected NTM. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 50 FINDINGS Compared with CT study dated 27/03/2019. Mediastinal vasculature enhances normally. Enlarged mediastinal lymph nodes in aorta pulmonary window, precarinal, subcarinal regions and bilateral hilar regions are noted again with foci of punctate calcification. Most of these appear mildly smaller compared to recent CT study. Areas of bronchiectasis in both lungs, mainly in inferior lingula and medial segment of right middle lobe are noted again. There is mixed interval change in the lung changes. Example some of previously seen areas of consolidation in the left lung shows interval significant improvement for example changes in left upper lobe and lingula (compare 5-47 current versus 4-49 previous, 5-47 current versus 4-51 previous). Some bronchial wall thickening and clustered tiny nodules are still seen in these areas. Similarly previously seen consolidation in medial segment of the right middle lobe is also marginally interval improved. There are some stable changes example in posterior segment of left lower lobe (5-66). There is however interval worsening/interval development of new areas of subsegmental consolidation for example in right lower lobe (5-82) as well as in right middle lobe (5-60). Some changes in right upper lobe have also increased /interval new, some being peri bronchovascular nodular changes (5-31). Mild airway thickening is seen at places. The major airways are patent. No pleural pericardial effusions. Included sections of upper abdomen are clear. No suspicious bony lesions. CONCLUSION 1. Mediastinal and bilateral hilar adenopathy with foci of calcification appear less bulky compared to previous CT study of 27/03/2019. These may be related to known sarcoidosis. 2. There are patchy areas of consolidation and nodularity in both lungs with scattered areas of bronchiectasis. Compared to previous CT study, most of the areas of previously seen consolidation in left lung show significant interval improved whereas there is interval development/worsening of areas of consolidation and peribronchovascular nodularity in the right lung, as described above. These are likely due to superimposed infection. No effusion. 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.