# Row 9089

Visit Number: df8f45bc8935cf3c194b8a3076dd2c7d3b99e86462b278a493b7ee5b296680ff

Masked\_PatientID: 9089

Order ID: efacfdec1bc2ce4613216c5fe937bed5fba4d629a13758d125b19e5829b99d86

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/3/2016 16:53

Line Num: 1

Text: HISTORY massive hemoptysis - ?post TB bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 – 50 ml FINDINGS Nonspecific nodules are identified in both lobes of the thyroid gland. There are small volume subcentimetre prevascular, precarinal and aorta pulmonary window lymph nodes. There also small bilateral hilar lymph nodes. Abnormal dilatation of the airways is visualised in the lingula lobe, in keeping with bronchiectasis. There is dense consolidation identified in the lingula lobe and left lower lobe, in keeping with pneumonia. Consolidation is also visualised in the right lower lobe and there are patchy areas of ground-glass changes and centrilobular nodularity in the right upper lobe and middle lobe. There is no significant pleural effusion or pericardial effusion. There are tiny hypodense lesions in the visualised sections of the liver, probably small cysts. No adrenal mass. No bonydestruction. CONCLUSION There is chest infection with dense consolidation involving both lower lobes and lingula lobe. There are patchy ground-glass changes with centrilobular nodularity in the right upper lobe and middle lobe as well. There is bronchiectasis identified in the airways of the lingula lobe. The small mediastinal and hilar lymph nodes are likely reactive. May need further action Finalised by: <DOCTOR>

Accession Number: 21f9d7b6b68e11f64dac3dce9d2474427f5764b14c6eb403f0d9352cbc9979e9

Updated Date Time: 10/3/2016 17:12

## Layman Explanation

This radiology report discusses HISTORY massive hemoptysis - ?post TB bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 – 50 ml FINDINGS Nonspecific nodules are identified in both lobes of the thyroid gland. There are small volume subcentimetre prevascular, precarinal and aorta pulmonary window lymph nodes. There also small bilateral hilar lymph nodes. Abnormal dilatation of the airways is visualised in the lingula lobe, in keeping with bronchiectasis. There is dense consolidation identified in the lingula lobe and left lower lobe, in keeping with pneumonia. Consolidation is also visualised in the right lower lobe and there are patchy areas of ground-glass changes and centrilobular nodularity in the right upper lobe and middle lobe. There is no significant pleural effusion or pericardial effusion. There are tiny hypodense lesions in the visualised sections of the liver, probably small cysts. No adrenal mass. No bonydestruction. CONCLUSION There is chest infection with dense consolidation involving both lower lobes and lingula lobe. There are patchy ground-glass changes with centrilobular nodularity in the right upper lobe and middle lobe as well. There is bronchiectasis identified in the airways of the lingula lobe. The small mediastinal and hilar lymph nodes are likely reactive. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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