# Row 9108

Visit Number: feb7edcb606395aece6ab5e5ec589228517b44ef123b76c544c4d967c88d0665

Masked\_PatientID: 9102

Order ID: 17c30f4cfa1a16719d5878cd4957124cfb7b140c488f46beccf9ae76a9e2193a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/4/2018 20:43

Line Num: 1

Text: HISTORY bronchiectasis with NTM infection possibly TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 27/9/2017. There is progression of bilateral cylindrical bronchiectasis in the lower lobes, associated with bronchial wall thickening. There are clusters of tree in bud disease especially in the basal lower lobes and the dependent aspect of both upper lobes, as well as scattered foci of small consolidation. No cavitating lesion or sinister lung mass is noted. A calcified granuloma is again noted in the lateral aspect of the middle lobe. There are no ground-glass changes. No interstitial fibrosis or emphysema is noted. The major airways are patent. There is no pleural or pericardial effusion. Heart size is not enlarged. Ectasia of the ascending aorta are again noted measuring 35 mm wide. Coronary and aortic calcifications seen. Stable small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Limited sections of the upper abdomen in the arterial phase are unremarkable. CONCLUSION Since last CT of Sep 2017, 1. Worsening of extensive tree in bud disease and bronchiectasis mostly in the lung bases, likely to represent infective small airway disease. 2. No ominous mass noted. 3. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: d72c114f5d67a2cd50a553523ce935e6e993791307ae19a976ef71f465d42fc6

Updated Date Time: 25/4/2018 14:31

## Layman Explanation

This radiology report discusses HISTORY bronchiectasis with NTM infection possibly TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 27/9/2017. There is progression of bilateral cylindrical bronchiectasis in the lower lobes, associated with bronchial wall thickening. There are clusters of tree in bud disease especially in the basal lower lobes and the dependent aspect of both upper lobes, as well as scattered foci of small consolidation. No cavitating lesion or sinister lung mass is noted. A calcified granuloma is again noted in the lateral aspect of the middle lobe. There are no ground-glass changes. No interstitial fibrosis or emphysema is noted. The major airways are patent. There is no pleural or pericardial effusion. Heart size is not enlarged. Ectasia of the ascending aorta are again noted measuring 35 mm wide. Coronary and aortic calcifications seen. Stable small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Limited sections of the upper abdomen in the arterial phase are unremarkable. CONCLUSION Since last CT of Sep 2017, 1. Worsening of extensive tree in bud disease and bronchiectasis mostly in the lung bases, likely to represent infective small airway disease. 2. No ominous mass noted. 3. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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