# Row 956

Visit Number: 7fc8e327f8bc3633ded23b044e7fdb65c423da479a79977c937543f21b0af0ad

Masked\_PatientID: 948

Order ID: 204c916dc5925bd18283b509827809e76291c9233c848940d6f457cb7b3159d4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/5/2016 11:23

Line Num: 1

Text: HISTORY Thrombotic thrombocytopenic purpura with diffuse alveolar hemorrahge; s/p BAL Galactomanam elevarted ? Invasive fungal lung To assess for progression of raticular nodular changes and any new suggestion of IFI TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil, due to renal impairment. FINDINGS The CT study of 25 April 2016 was reviewed. The patient has been extubated. Bilateral pleural effusions are mildly larger since the previous CT study. There is diffuse bilateral symmetrical mixed ground-glass and consolidation in the aerated lungs, mostly in the upper lobes. There is no cavitating lesion or nodular changes. The central airways appear unremarkable. No mucus plugging is identified. The heart is enlarged, with a small pericardial effusion. The tip of the right internal jugular central venous catheter is in the superior vena cava. Several small volume mediastinal lymph nodes are probably reactive. There is a right thyroid hypodense lesion. A nasogastric tube is in situ. No contour deforming mass is identified in the visualised upper abdominal organs. CONCLUSION Since 25 April 2016: 1. Diffuse ground-glass and consolidation changes in the lungs, predominantly in the upper lobes. Findings are suspicious of pulmonary haemorrhage +/- infective changes. No cavitatory or nodular lesion is seen to suggest invasive fungal infection. 2. Bilateral pleural effusions are mildly larger. Pericardial effusion. May need further action Reported by: <DOCTOR>

Accession Number: 2e4e9cae3a58fbc5a959134bfe2d716dbe49d5db18879cc913148985938b0b95

Updated Date Time: 03/5/2016 12:49

## Layman Explanation

This radiology report discusses HISTORY Thrombotic thrombocytopenic purpura with diffuse alveolar hemorrahge; s/p BAL Galactomanam elevarted ? Invasive fungal lung To assess for progression of raticular nodular changes and any new suggestion of IFI TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil, due to renal impairment. FINDINGS The CT study of 25 April 2016 was reviewed. The patient has been extubated. Bilateral pleural effusions are mildly larger since the previous CT study. There is diffuse bilateral symmetrical mixed ground-glass and consolidation in the aerated lungs, mostly in the upper lobes. There is no cavitating lesion or nodular changes. The central airways appear unremarkable. No mucus plugging is identified. The heart is enlarged, with a small pericardial effusion. The tip of the right internal jugular central venous catheter is in the superior vena cava. Several small volume mediastinal lymph nodes are probably reactive. There is a right thyroid hypodense lesion. A nasogastric tube is in situ. No contour deforming mass is identified in the visualised upper abdominal organs. CONCLUSION Since 25 April 2016: 1. Diffuse ground-glass and consolidation changes in the lungs, predominantly in the upper lobes. Findings are suspicious of pulmonary haemorrhage +/- infective changes. No cavitatory or nodular lesion is seen to suggest invasive fungal infection. 2. Bilateral pleural effusions are mildly larger. Pericardial effusion. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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