# Row 9635

Visit Number: 51f0a3b495d3c699779cd458351179b5332e4f7ed5deaffc5c1d284d9d1edd25

Masked\_PatientID: 9635

Order ID: b7fcc0628491e802fed85e7f8ff73b424929a75a8efb0fa0eafdfbda62643ad6

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/1/2019 15:37

Line Num: 1

Text: HISTORY SOBOE b/g bronchiec TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 300 - Volume (ml): 50 FINDINGS No relevant comparison study is available at the time of reporting. Previous chest radiograph dated 26 Jan 2019 was reviewed. There is absence of the left pulmonary artery. The pulmonary trunk and right pulmonary artery and its branches are patent. There is no pulmonary trunk dilatation. The left bronchial arteries appearhypertrophied (2-3 mm), and possibly provide a degree of collateral supply to the left lung. Several nodular densities around the left hilum likely represent non-opacified prominent collateral vessels. The left superior and inferior pulmonary veins are present, and drain normally into the left atrium. Right pulmonary veins are normal. A right-sided aortic arch is noted. Cardiac chambers opacify satisfactorily. The heart is normal in size. No pericardial effusion. There is marked loss of volume of the left lung and compensatory hypertrophy of the right lung, with mediastinal shift to the left. Cystic bronchiectatic changes and bronchial wall thickening are seen in the left lung, predominantly in the lower lobe. Diffuseground-glass appearance of the left lung is noted. There are also several subpleural blebs on the left. No suspicious pulmonary mass or consolidation. A couple of calcified granulomas are seen in the right lung (401/28, 401/66). Few subcentimetre pulmonary nodules are nonspecific (for e.g. middle lobe 401/48, left upper lobe 401/40, 401/46). No pleural effusion. Trachea and central airways are patent. Small volume mediastinal nodes are not enlarged by CT size criteria (402/18, 402/34). No supraclavicular, right hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. There is bilateral gynecomastia. Imaged upper abdominal contents appear unremarkable. No destructive bony lesion is seen. CONCLUSION 1. Right-sided aortic arch. 2. Absent left pulmonary artery, likely congenital. Hypertrophied left bronchial arteries probably provide a degree of collateral supply, and there are also several prominent collateral vessels around the left hilum. 3. Decrease left lung volume with features suggestive of chronic inflammatory/infective changes (cystic bronchiectasis), likely sequelae of the absence of the left pulmonary artery. 4. Other findings as described above. May need further action Reported by: <DOCTOR>

Accession Number: c6ebe071599b54275f37620ee114a006d55710259ad13d6b413c07af54d0244d

Updated Date Time: 29/1/2019 14:53

## Layman Explanation

This radiology report discusses HISTORY SOBOE b/g bronchiec TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 300 - Volume (ml): 50 FINDINGS No relevant comparison study is available at the time of reporting. Previous chest radiograph dated 26 Jan 2019 was reviewed. There is absence of the left pulmonary artery. The pulmonary trunk and right pulmonary artery and its branches are patent. There is no pulmonary trunk dilatation. The left bronchial arteries appearhypertrophied (2-3 mm), and possibly provide a degree of collateral supply to the left lung. Several nodular densities around the left hilum likely represent non-opacified prominent collateral vessels. The left superior and inferior pulmonary veins are present, and drain normally into the left atrium. Right pulmonary veins are normal. A right-sided aortic arch is noted. Cardiac chambers opacify satisfactorily. The heart is normal in size. No pericardial effusion. There is marked loss of volume of the left lung and compensatory hypertrophy of the right lung, with mediastinal shift to the left. Cystic bronchiectatic changes and bronchial wall thickening are seen in the left lung, predominantly in the lower lobe. Diffuseground-glass appearance of the left lung is noted. There are also several subpleural blebs on the left. No suspicious pulmonary mass or consolidation. A couple of calcified granulomas are seen in the right lung (401/28, 401/66). Few subcentimetre pulmonary nodules are nonspecific (for e.g. middle lobe 401/48, left upper lobe 401/40, 401/46). No pleural effusion. Trachea and central airways are patent. Small volume mediastinal nodes are not enlarged by CT size criteria (402/18, 402/34). No supraclavicular, right hilar or axillary lymphadenopathy. Imaged thyroid gland is unremarkable. There is bilateral gynecomastia. Imaged upper abdominal contents appear unremarkable. No destructive bony lesion is seen. CONCLUSION 1. Right-sided aortic arch. 2. Absent left pulmonary artery, likely congenital. Hypertrophied left bronchial arteries probably provide a degree of collateral supply, and there are also several prominent collateral vessels around the left hilum. 3. Decrease left lung volume with features suggestive of chronic inflammatory/infective changes (cystic bronchiectasis), likely sequelae of the absence of the left pulmonary artery. 4. Other findings as described above. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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