# Row 9846

Visit Number: 2ba6e13d862290847e69b5dc1bd58eacdae53ca7a16cf5e3776b55a6c401a473

Masked\_PatientID: 9808

Order ID: 1f5c48e4c1f30ba399ab69bd828c7f77a47526ddca2510aaab1e1e140e3ba2af

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/8/2019 17:38

Line Num: 1

Text: HISTORY history of NTM infection, completed treatment recent haemoptysis, AFB smear negative so far recent CXR end july: There are newly apparent nodular densities in the right hilar region and along the minor fissure. The findings are suspicious for lymphangitic disease and hilar adenopathy, ? CA TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 9/7/2018. No lung mass noted. Interval resolution of a nodule in apical left lower lobe (last CT 5-59). Previous nodule possibly due to mucus plugging in posterior right upper lobe, better showing tubular configuration in CT of Oct 2016, is relatively unchanged since last CT in2018, measuring 5 x 7 x 8mm (8-45). Some of the adjacent tree-in-bud disease has improved. The cluster of the tree-in-bud disease in the lateral middle lobe has also resolved but there is a new 7mm nodule with minute cavitation (8-75) in the same location, suggestive of recurrent small airway infection. New patchy consolidation in the middle and right upper lobe predominantly anteriorly are noted with worsening bronchiectasis in middle lobe. Milder scattered ill defined nodules or tubular/branching mucus plugging are also seen in bilateral apical lower lobes (8-64, 51) and the anterior superior lingula (8-58). Old scarring and broncholith in inferior lingula likely from prior infection. No interstitial fibrosis or emphysema noted. There is no reticular changes or suspicious nodular interstitial thickening. The major airways are patent. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. The visualised thyroid is unremarkable. Mediastinal vasculature enhance normally. Heart size is not enlarged. No pericardial or pleural effusion is seen. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION Since last CTof Jul 2018, 1. No suspicious mass seen in the lungs. 2. Some of the prior infective changes suspicious for non-TB mycobacterial disease shows stability or improvement, but there is new patchy consolidation in the right upper/middle lobe,worsening bronchiectasis and a cavitating nodule in middle lobe with other minute findings bilaterally, likely due to recurrent infection. 3. Other minor findings as described. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: def41564d130e6b3aea6fb522ee3145c1d3631feef4e3221194dd4720ce2fac7

Updated Date Time: 02/9/2019 10:41