# Row 9944

Visit Number: 743b161a109a7db8783f5822235f03c2e3c63531e5906cda192d0d5756888785

Masked\_PatientID: 9942

Order ID: 104d08fe4db5222d4edd99763e720cd883ddbabb52c12d62372b2da1ba54b9c4

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 29/5/2019 11:22

Line Num: 1

Text: HISTORY b/g sjogerns syndrome, on auscultation bilateral fine creps TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: NIL FINDINGS Previous chest radiograph dated 28 May 2019 was reviewed. There is peribronchial consolidation with air bronchograms in the posterior segment of the right upper lobe. A small ground-glass patch is also seen in the middle lobe (201/51). Several scattered thin-walled pulmonary cysts, more numerous at the lung bases. There is no overt septal thickening, architectural distortion, bronchiectasis, honeycombing, or perifissural/subpleural nodules. No suspicious pulmonary mass. Trachea and central airways are patent. No pleural effusion. Several prominent to mildly enlarged mediastinal nodes, of indeterminate significance. No discrete hilar or axillary lymphadenopathy within the limits of this nonenhanced study. The pulmonary trunk is dilated (3.9 cm) and the main pulmonary arteries are prominent, probably reflecting pulmonary hypertension. There is cardiomegaly and coronary arterial disease. No significant pericardial effusion. The right lobe of the thyroid gland is not well seen. Several nodules in the partially imaged left lobe, some of them calcified. Limited sections of the upper abdomen are grossly unremarkable. There is no suspicious bony destruction. Diffuse coarsened bony density is observed. CONCLUSION 1. Peribronchial consolidation in the right upper lobe and small ground-glass density in the middle lobe. These are likely infective in the appropriate clinical context. 2. No convincing CT evidence of interstitial lung disease, apart from several scattered thin-walled pulmonary cysts (most prominent in the lung bases) which are in keeping with underlying Sjogren's. 3. There is concern for pulmonary hypertension. 4. Other findings as described above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 289d06c000f520495d1a18f8293649826031b0bc265f1290bd92783f05765301

Updated Date Time: 29/5/2019 14:01