# Row 1388

Visit Number: 24223a6229d9b24d72d2b821e605e1864ac3d6fa25eed823d4b024b1f385e770

Masked\_PatientID: 1376

Order ID: 41eb85fea037bc0cac2eaf6dbffd3ee5d3ddfad24dc98e83c8e29b306e5d9b07

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 04/12/2020 14:26

Line Num: 1

Text: HISTORY NPC, aspiration pneumnia. Hx of Organising pneumonia. Now has intermittetn fever with cough ? infection vs OP also c/o upper abd discomfort and intermittent diarrhoea TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 60 FINDINGS CT thorax 2 August 2018 was reviewed. Bronchial wall thickening with inflammatory centrilobular nodules and patchy consolidation in apical segment of both upper lobes, apical segment of left lower lobe and basal segments both lower lobes. This represents active airway inflammation. There is attenuation and debris/mucous plugging in the left lower lobe apical segmental airways. The left inferior pulmonary vein is not visualised. Thereis aberrant right subclavian artery coursing posterior to the oesophagus. There is no enlarged axillary, mediastinum or hilar lymph nodes. Prior left mastectomy. Surgical clips are present in the left axilla. No pleural or pericardial effusion.Feeding gastrostomy is noted in the stomach. No dilatation of the bowel loops. No suspicious lesion in the liver. No dilatation of the biliary tree or calcified gallstone. The spleen, pancreas and adrenal glands are unremarkable. Stable thickened left adrenal gland. Nonobstructing caliceal calculus measuring 5 mm at the left lower pole calix. Cyst at the lower pole of the right kidney measuring 5 mm. No enlarged upper abdominal lymph node or ascites. Degenerative bony changes are present. CONCLUSION Active airway inflammation in both lungs as described. The distribution and morphology is suspicious for mycobacterial/atypical mycobacterial chest infection. Please correlate with microbiology findings. No sinister massin the upper abdomen. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 0c7dca03c621d4f0f87f987253ab8c96284c17c7fe52e8815edeea3337fbf67b

Updated Date Time: 11/12/2020 13:28

## Layman Explanation

This radiology report discusses HISTORY NPC, aspiration pneumnia. Hx of Organising pneumonia. Now has intermittetn fever with cough ? infection vs OP also c/o upper abd discomfort and intermittent diarrhoea TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Iopamiro 370 - Volume (ml): 60 FINDINGS CT thorax 2 August 2018 was reviewed. Bronchial wall thickening with inflammatory centrilobular nodules and patchy consolidation in apical segment of both upper lobes, apical segment of left lower lobe and basal segments both lower lobes. This represents active airway inflammation. There is attenuation and debris/mucous plugging in the left lower lobe apical segmental airways. The left inferior pulmonary vein is not visualised. Thereis aberrant right subclavian artery coursing posterior to the oesophagus. There is no enlarged axillary, mediastinum or hilar lymph nodes. Prior left mastectomy. Surgical clips are present in the left axilla. No pleural or pericardial effusion.Feeding gastrostomy is noted in the stomach. No dilatation of the bowel loops. No suspicious lesion in the liver. No dilatation of the biliary tree or calcified gallstone. The spleen, pancreas and adrenal glands are unremarkable. Stable thickened left adrenal gland. Nonobstructing caliceal calculus measuring 5 mm at the left lower pole calix. Cyst at the lower pole of the right kidney measuring 5 mm. No enlarged upper abdominal lymph node or ascites. Degenerative bony changes are present. CONCLUSION Active airway inflammation in both lungs as described. The distribution and morphology is suspicious for mycobacterial/atypical mycobacterial chest infection. Please correlate with microbiology findings. No sinister massin the upper abdomen. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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