# Row 1434

Visit Number: 3737cb96c4403e79c66ef34fe40b32ddb4750240891c03760ddc2cbb33a774e8

Masked\_PatientID: 1422

Order ID: 4ad6e06a4c8182eb63317970fbd94f476bd3099a7318d5d915c25241a09e1ce7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/11/2016 17:00

Line Num: 1

Text: HISTORY Neutropenic fever with invasive fungal lung infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT dated 03/11/2016. The previous CT dated 14/10/2016 was reviewed. There is a cluster of small volume and borderline sized mediastinal lymph nodes that are largely unchanged. A borderline sized subcarinal lymph node shows interval development of necrosis that is in keeping with fungal infection. Borderline sized right hilar lymph node is detected. There is no enlarged left hilar lymph node. The tip of the peripherally inserted central catheter is in the cavoatrial junction. The heart is normal in size. A small pericardial effusion is noted. There are increased pulmonary nodules and consolidations involving all lobes of both lungs that suggest interval worsening of the infection. Ground-glass densities, consolidations and smooth interstitial thickening in the dependent portion of the lower lobes, as well as bilateral small pleural effusions are suggestive of pulmonary oedema. Generalised peribronchial thickening, particularly in the lower lobes are noted. A thyroid hypodensity is nonspecific. Included upper abdomen shows 8 mm hypodensities in the right hepatic lobe that may be cysts. Nonspecific calcifications in the right hepatic lobe are also noted. No destructive bone lesion is seen. CONCLUSION Since 03/11/2016: - There is interval increase in number of pulmonary nodules and consolidations involving all lobes of both lungs, suggestive of progression of infection. Of the prominent mediastinal lymph nodes, the subcarinallymph node shows interval necrosis. This will be in keeping with fungal aetiology. - CT features also suggestive of pulmonary oedema and bilateral small pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: 55b7cb409ecc0ee3d935bdc6d64d2a5d7ad4ce3114954b4afeec62fa63b9206a

Updated Date Time: 19/11/2016 9:31

## Layman Explanation

This radiology report discusses HISTORY Neutropenic fever with invasive fungal lung infection TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT dated 03/11/2016. The previous CT dated 14/10/2016 was reviewed. There is a cluster of small volume and borderline sized mediastinal lymph nodes that are largely unchanged. A borderline sized subcarinal lymph node shows interval development of necrosis that is in keeping with fungal infection. Borderline sized right hilar lymph node is detected. There is no enlarged left hilar lymph node. The tip of the peripherally inserted central catheter is in the cavoatrial junction. The heart is normal in size. A small pericardial effusion is noted. There are increased pulmonary nodules and consolidations involving all lobes of both lungs that suggest interval worsening of the infection. Ground-glass densities, consolidations and smooth interstitial thickening in the dependent portion of the lower lobes, as well as bilateral small pleural effusions are suggestive of pulmonary oedema. Generalised peribronchial thickening, particularly in the lower lobes are noted. A thyroid hypodensity is nonspecific. Included upper abdomen shows 8 mm hypodensities in the right hepatic lobe that may be cysts. Nonspecific calcifications in the right hepatic lobe are also noted. No destructive bone lesion is seen. CONCLUSION Since 03/11/2016: - There is interval increase in number of pulmonary nodules and consolidations involving all lobes of both lungs, suggestive of progression of infection. Of the prominent mediastinal lymph nodes, the subcarinallymph node shows interval necrosis. This will be in keeping with fungal aetiology. - CT features also suggestive of pulmonary oedema and bilateral small pleural effusions. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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