# Row 1616

Visit Number: 6fecf624be62151f602d5ae73eadc31b0caf706519949862749bdf0a9c1b135c

Masked\_PatientID: 1611

Order ID: 08e92be6c9907ec88eb60715c0e7d7ca2722abd96b88e1fa81a7c156a7b194c7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/2/2015 15:12

Line Num: 1

Text: HISTORY relapsed angioimmunoblastic T cell lymhpoma, with ? lung involvement (multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles) vs septic emboli. For interval scan during next admission. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT study of 20 January 2015. The previously seen small volume right paratracheal and precarinal lymph nodes show minimal reduction in size or remain stable. No axillary, supraclavicular or hilar lymphadenopathy is seen. The multiple peripheral irregularly marginated solid cystic nodules scattered in both lungs along the bronchovascular bundles show interval improvement. For example, the largest lesions clustered in the right lower lobe apical segment, previously se 3-46, now se 80512-49. No pleural effusion or pericardial effusion is evident. The cardiac size is within normal limits. The cardiac chambers and great vessels enhance normally. Note is made of irregular plaque at the aortic arch. The liver and spleen remain enlarged. No destructive bony lesion is seen. CONCLUSION The peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the bronchovascular bundles show interval improvement. Images were reviewed with Dr Haja Mohideen Salahudeen Mohamed. Known / Minor Finalised by: <DOCTOR>

Accession Number: 80fd4236e2a1a3ef6dc2d509ce1458493b0a253502f4a5514229d6e741d45e27

Updated Date Time: 10/2/2015 16:57

## Layman Explanation

This radiology report discusses HISTORY relapsed angioimmunoblastic T cell lymhpoma, with ? lung involvement (multiple peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the broncho-vascular bundles) vs septic emboli. For interval scan during next admission. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Optiray 350 - Volume (ml): 50 FINDINGS Comparison is made with the previous CT study of 20 January 2015. The previously seen small volume right paratracheal and precarinal lymph nodes show minimal reduction in size or remain stable. No axillary, supraclavicular or hilar lymphadenopathy is seen. The multiple peripheral irregularly marginated solid cystic nodules scattered in both lungs along the bronchovascular bundles show interval improvement. For example, the largest lesions clustered in the right lower lobe apical segment, previously se 3-46, now se 80512-49. No pleural effusion or pericardial effusion is evident. The cardiac size is within normal limits. The cardiac chambers and great vessels enhance normally. Note is made of irregular plaque at the aortic arch. The liver and spleen remain enlarged. No destructive bony lesion is seen. CONCLUSION The peripheral, irregularly marginated consolidative nodules seen scattered in both lungs, predominantly in the lower lobes, along the bronchovascular bundles show interval improvement. Images were reviewed with Dr Haja Mohideen Salahudeen Mohamed. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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