# Row 1727

Visit Number: 5df5b1bfff180321f1fd4e1a11fd2ab6bcff760e49e9c703b165cf0053b6ef06

Masked\_PatientID: 1727

Order ID: 018091d8ed0a20deea3192a85b674720be3d260d622ec6680a6c10ba3406950f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/10/2016 10:20

Line Num: 1

Text: HISTORY longstanding SOB and productive cough likely bronchiectasis - now presents with acute exacerbation of bronchiectasis - nil previous CT chest TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Bronchial wall thickening with moderate dilatation is present in the basal segments of the right lower lobe and to a lesser degree in the apical segment of the right lower lobe. Ill-defined areas of airspace changes and atelectasis at the basal segments would be compatible with that due to infection. Similar airway changes are present in the middle lobe particularly affecting the lateral segment of the middle lobe. There is also some patchy airspace change in the middle lobe particularly affecting the lateral segment. The basal segments of the left lower lobe show a lesser degree of airway dilatation but there is thickening of the bronchial wall. Parenchymal opacification is present mainly at the anterior segment and this would also be in keeping with infection. Lingular parenchymal opacification with mild dilatation of the airways and mild airway thickening is present. But these are likely longstanding and due to scarring. A small area of bronchiectasis with airspace changes are present at the posterior segment of the left upper lobe likely secondary to infection. No enlarged hilar or mediastinal lymph nodes are demonstrated. The heart size is normal. The pulmonary trunk is not overtly enlarged. The liver has a smooth outline with a well defined hypodense area at the right lobe. This appears to contain fat and may represent a lipoma. Loss of height of the seventh, ninth and twelth vertebral bodies is present likely secondary to osteoporosis. CONCLUSION There is bronchiectasis affecting all lobes of the lungs but this is particularly marked at the right lower lobe and middle lobe. Ill-defined parenchymal changes are present, mainly at the right lower lobe, middle lobe and also at the left lower lobe in keeping with infective exacerbation. May need further action Finalised by: <DOCTOR>

Accession Number: 5a8ad934b9b10696568aded9ab4316cb66afa5a9072fc41671b331be2b1288ad

Updated Date Time: 30/10/2016 12:36

## Layman Explanation

This radiology report discusses HISTORY longstanding SOB and productive cough likely bronchiectasis - now presents with acute exacerbation of bronchiectasis - nil previous CT chest TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Bronchial wall thickening with moderate dilatation is present in the basal segments of the right lower lobe and to a lesser degree in the apical segment of the right lower lobe. Ill-defined areas of airspace changes and atelectasis at the basal segments would be compatible with that due to infection. Similar airway changes are present in the middle lobe particularly affecting the lateral segment of the middle lobe. There is also some patchy airspace change in the middle lobe particularly affecting the lateral segment. The basal segments of the left lower lobe show a lesser degree of airway dilatation but there is thickening of the bronchial wall. Parenchymal opacification is present mainly at the anterior segment and this would also be in keeping with infection. Lingular parenchymal opacification with mild dilatation of the airways and mild airway thickening is present. But these are likely longstanding and due to scarring. A small area of bronchiectasis with airspace changes are present at the posterior segment of the left upper lobe likely secondary to infection. No enlarged hilar or mediastinal lymph nodes are demonstrated. The heart size is normal. The pulmonary trunk is not overtly enlarged. The liver has a smooth outline with a well defined hypodense area at the right lobe. This appears to contain fat and may represent a lipoma. Loss of height of the seventh, ninth and twelth vertebral bodies is present likely secondary to osteoporosis. CONCLUSION There is bronchiectasis affecting all lobes of the lungs but this is particularly marked at the right lower lobe and middle lobe. Ill-defined parenchymal changes are present, mainly at the right lower lobe, middle lobe and also at the left lower lobe in keeping with infective exacerbation. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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