# Row 1778

Visit Number: 6db35c8cc31695c0a31540f3dce343d7aa4ecc4434044214007fbe5c2569d9ec

Masked\_PatientID: 1766

Order ID: f40b9d9cbb8e6871d0d7667295f55fc6b26599b7fdf9bc2475ed33def3543697

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/2/2016 14:49

Line Num: 1

Text: HISTORY prolonged neutropenia since 2015 secondary to transformed MDS to AML on Aza/valproate recurrent neutropenic fever, with new Rt pulmonary nodule, CT to evaluate for possible fungal infection TECHNIQUE Scans acquired as perdepartment protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior CT study of 30 January 2016 was reviewed. The study is mildly degraded by motion artefacts. Largely stable extent of consolidation in the middle lobe, predominantly involving the medial segment, with a few new subcentimeter cavitary changes. There is widespread new consolidation in left upper lobe, predominantly in the apicoposterior segment and lingula of the left upper lobe. Scattered new/mildly worse foci of consolidation are seen elsewhere in both lungs, some of them with a nodular configuration. No suspicious pulmonary mass is seen. Slight interval increase in the small left pleural effusion with passive atelectasis of theleft lower lobe is noted. There is interval resolution of the right pleural effusion. The major airways are patent. Stable prominent precarinal and subcarinal nodes (not significantly enlarged by size criteria). The tip of the right PICCis sited in the right atrium. No significant pericardial effusion is seen. The visualised upper abdomen shows a few right hepatic lobe hypodensities that are too small to characterise. No destructive bony lesion is seen. CONCLUSION Since the prior CT study of 30 January 2016, 1. Largely stable extent of consolidation in the middle lobe which shows a few new subcentimeter sized cavitary changes in the medial segment. 2. There is new consolidation in the left upper lobe, probably of infective origin. Scattered new/mildly worse foci of consolidation elsewhere in both lungs. 3. Slight worsening of left pleural effusion and resolution of right pleural effusion. 4. Other minor/stable findings are as described. May need further action Yan Yet Yen , Resident , 14742G Finalised by: <DOCTOR>

Accession Number: 77d9302415f239c7f220cadadc9b8f18fbe6c7590142bc8f05c122f68e057384

Updated Date Time: 22/2/2016 9:40

## Layman Explanation

This radiology report discusses HISTORY prolonged neutropenia since 2015 secondary to transformed MDS to AML on Aza/valproate recurrent neutropenic fever, with new Rt pulmonary nodule, CT to evaluate for possible fungal infection TECHNIQUE Scans acquired as perdepartment protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior CT study of 30 January 2016 was reviewed. The study is mildly degraded by motion artefacts. Largely stable extent of consolidation in the middle lobe, predominantly involving the medial segment, with a few new subcentimeter cavitary changes. There is widespread new consolidation in left upper lobe, predominantly in the apicoposterior segment and lingula of the left upper lobe. Scattered new/mildly worse foci of consolidation are seen elsewhere in both lungs, some of them with a nodular configuration. No suspicious pulmonary mass is seen. Slight interval increase in the small left pleural effusion with passive atelectasis of theleft lower lobe is noted. There is interval resolution of the right pleural effusion. The major airways are patent. Stable prominent precarinal and subcarinal nodes (not significantly enlarged by size criteria). The tip of the right PICCis sited in the right atrium. No significant pericardial effusion is seen. The visualised upper abdomen shows a few right hepatic lobe hypodensities that are too small to characterise. No destructive bony lesion is seen. CONCLUSION Since the prior CT study of 30 January 2016, 1. Largely stable extent of consolidation in the middle lobe which shows a few new subcentimeter sized cavitary changes in the medial segment. 2. There is new consolidation in the left upper lobe, probably of infective origin. Scattered new/mildly worse foci of consolidation elsewhere in both lungs. 3. Slight worsening of left pleural effusion and resolution of right pleural effusion. 4. Other minor/stable findings are as described. May need further action Yan Yet Yen , Resident , 14742G Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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