# Row 2025

Visit Number: a3f38e433d46d8bff03139a893db8c127e2f908bb7cfe8f2474cf6a722499e4a

Masked\_PatientID: 2022

Order ID: 7eb3d89c276992c9b9d0d60619613c9fa742a28e1565eb8d93c1827d67d4415b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/5/2016 18:31

Line Num: 1

Text: HISTORY fever with desaturation - treating for pneumonia; xray showed diffuse patcy opacification b/g RA with ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT dated 22/09/2015 radiographs dated 17/05/2060 were reviewed. There is interval increase in bilateral, extensive ground-glass densities in all zones of both lungs. There is also increased interlobular/intralobular septal thickening. Mild traction bronchiectasis in both lungs are again seen. No pleural effusion is seen. The pulmonary trunk is borderline in calibre. The major mediastinal vessels are unremarkable. There is no pericardial effusion. Prominentprevascular, right upper and lower paratracheal lymph nodes are likely reactive. No enlarged hilar lymph node is detected. Diffuse fatty atrophy of the pancreas is again noted. Incidental note is made of 10 mm left upper breast nodule (4/49, 11/ 58). Further evaluation with ultrasound and mammography is advised. There is no destructive bony lesion. CONCLUSION Since 22/09/2015: Interval increase in bilateral ground-glass densities and interlobular and intralobular septal thickening in both lungs. This may be due to interim progression of the NSIP due to superimposed infective changes. Clinical correlation is suggested. Suggest mammography and left breast ultrasound for a 10 mm left breast nodule. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>

Accession Number: 085e2fa95309088134f1b57a35481660c3b8d4a88b92a44f506e07989ed33677

Updated Date Time: 21/5/2016 12:45

## Layman Explanation

This radiology report discusses HISTORY fever with desaturation - treating for pneumonia; xray showed diffuse patcy opacification b/g RA with ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT dated 22/09/2015 radiographs dated 17/05/2060 were reviewed. There is interval increase in bilateral, extensive ground-glass densities in all zones of both lungs. There is also increased interlobular/intralobular septal thickening. Mild traction bronchiectasis in both lungs are again seen. No pleural effusion is seen. The pulmonary trunk is borderline in calibre. The major mediastinal vessels are unremarkable. There is no pericardial effusion. Prominentprevascular, right upper and lower paratracheal lymph nodes are likely reactive. No enlarged hilar lymph node is detected. Diffuse fatty atrophy of the pancreas is again noted. Incidental note is made of 10 mm left upper breast nodule (4/49, 11/ 58). Further evaluation with ultrasound and mammography is advised. There is no destructive bony lesion. CONCLUSION Since 22/09/2015: Interval increase in bilateral ground-glass densities and interlobular and intralobular septal thickening in both lungs. This may be due to interim progression of the NSIP due to superimposed infective changes. Clinical correlation is suggested. Suggest mammography and left breast ultrasound for a 10 mm left breast nodule. May need further action Kheok Si Wei , Senior Resident , 15535G Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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