# Row 2037

Visit Number: ee444a13f926b97a5ae9ee583d0280c9631e76b153b9bb3fef0c295a4ab209db

Masked\_PatientID: 2022

Order ID: afb9ad8898362250039b4553057b303e132bcf24d48a4c0608da5976996455ed

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 22/9/2015 13:37

Line Num: 1

Text: HISTORY history of RA with ILD. to re-assess ILD -?progression TECHNIQUE Non-contrast HRCT thorax was acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is done with the previous study dated 23 Jan 2015. There are patchy areas of ground glass change associated with interlobular septal thickening, architectural distortion and traction bronchiectasis again seen in both lungs. The changes are fairly symmetrical with the lower lobes and lingula being relatively more affected. Overall there is interval progression from Jan 2105. There is no consolidation or suspicious pulmonary nodule. The heart is borderline enlarged. There is mild dilatation of the pulmonary trunk. There is no pleural or pericardial effusion. Within the limits of this non-contrast scan there is no enlarged mediastinal, hilar or axillary lymph node. Diffuse fatty atrophy of the pancreas is again noted. There is no destructive bony lesion. CONCLUSION Patchy areas of fibrosis in both lungs with predominant ground glass change, septal thickening and traction bronchiectasis. The appearance is in keeping with NSIP pattern of interstitial disease and show interval progression from the previous CT scan. (scan checked with Dr. Cheah FK) May need further action Finalised by: <DOCTOR>

Accession Number: 0d138b60a60dee36bbc3fd8814540275fd0868fa7d9b0b365e856577667e6123

Updated Date Time: 23/9/2015 13:26

## Layman Explanation

This radiology report discusses HISTORY history of RA with ILD. to re-assess ILD -?progression TECHNIQUE Non-contrast HRCT thorax was acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is done with the previous study dated 23 Jan 2015. There are patchy areas of ground glass change associated with interlobular septal thickening, architectural distortion and traction bronchiectasis again seen in both lungs. The changes are fairly symmetrical with the lower lobes and lingula being relatively more affected. Overall there is interval progression from Jan 2105. There is no consolidation or suspicious pulmonary nodule. The heart is borderline enlarged. There is mild dilatation of the pulmonary trunk. There is no pleural or pericardial effusion. Within the limits of this non-contrast scan there is no enlarged mediastinal, hilar or axillary lymph node. Diffuse fatty atrophy of the pancreas is again noted. There is no destructive bony lesion. CONCLUSION Patchy areas of fibrosis in both lungs with predominant ground glass change, septal thickening and traction bronchiectasis. The appearance is in keeping with NSIP pattern of interstitial disease and show interval progression from the previous CT scan. (scan checked with Dr. Cheah FK) May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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