# Row 2334

Visit Number: 771023648dfcf835a5e6f68062eee6720ace85fd7dd6cf92c5a2b04daed4500b

Masked\_PatientID: 2327

Order ID: 07fb7202c6b7c11ee75b1f9f67138edcfc5995a70d7a30e45cf54db657868675

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/6/2016 16:16

Line Num: 1

Text: HISTORY Worsening bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT thorax dated 15/04/2010. There are mild tubular bronchiectatic changes in the posterior segment of the right upper lobe with associated bronchial wall thickening. Moderate bronchiectatic changes are also noted in the anterior segment of the right upper lobe at the base, middle lobeand lingula. The distribution and severity of these bronchiectatic changes are largely unchanged compared with the previous scan 15/04/2010. However there is interval increase in peribronchial consolidation and atelectasis in the middle lobe and lingula as well as to a lesser extent in the anterior segment of the right upper lobe. New mild bronchiectatic changes are seen in the anterior and medial basal segment of the right lower lobe as well as anterior basal segment of the left lower lobea associated with patchy peribronchial areas of consolidations. These are most likely to represent infective or inflammatory changes. The right lung basal atelectatic changes have improved. The major airways are clear. Heart is mildly enlarged. The main pulmonary artery is not significantly dilated. A few small volume subcentimetre nodes in the right hilum, precarinal and paratracheal stations are most likely to be reactive. No pleural or pericardial effusion seen. Thevisualised upper abdominal organs in the arterial phase show no overt abnormality. Degenerative changes are noted at multiple levels in the thoracic spine. CONCLUSION Mild bronchiectatic changes in the upper lobes and middle lobe as described with no significant change in severity compared with previous CT of 15/04/2010. Increased peribronchial consolidation and atelectatic changes are however seen in these segments. New mild segmental bronchiectatic changes in both lower lobes with associated patchy consolidations. These are likely to represent infective or inflammatory changes. Note is made of mild cardiomegaly. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 796851a6a7d972fa9d75fd7f95978e2fb8cca9f1f04f446b2864bb7d0ad367cf

Updated Date Time: 22/6/2016 17:51

## Layman Explanation

This radiology report discusses HISTORY Worsening bronchiectasis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with previous CT thorax dated 15/04/2010. There are mild tubular bronchiectatic changes in the posterior segment of the right upper lobe with associated bronchial wall thickening. Moderate bronchiectatic changes are also noted in the anterior segment of the right upper lobe at the base, middle lobeand lingula. The distribution and severity of these bronchiectatic changes are largely unchanged compared with the previous scan 15/04/2010. However there is interval increase in peribronchial consolidation and atelectasis in the middle lobe and lingula as well as to a lesser extent in the anterior segment of the right upper lobe. New mild bronchiectatic changes are seen in the anterior and medial basal segment of the right lower lobe as well as anterior basal segment of the left lower lobea associated with patchy peribronchial areas of consolidations. These are most likely to represent infective or inflammatory changes. The right lung basal atelectatic changes have improved. The major airways are clear. Heart is mildly enlarged. The main pulmonary artery is not significantly dilated. A few small volume subcentimetre nodes in the right hilum, precarinal and paratracheal stations are most likely to be reactive. No pleural or pericardial effusion seen. Thevisualised upper abdominal organs in the arterial phase show no overt abnormality. Degenerative changes are noted at multiple levels in the thoracic spine. CONCLUSION Mild bronchiectatic changes in the upper lobes and middle lobe as described with no significant change in severity compared with previous CT of 15/04/2010. Increased peribronchial consolidation and atelectatic changes are however seen in these segments. New mild segmental bronchiectatic changes in both lower lobes with associated patchy consolidations. These are likely to represent infective or inflammatory changes. Note is made of mild cardiomegaly. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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