# Row 266

Visit Number: 2ed6f5069e3fb6cd5a139104f190331d7ffe66694aced369d364e4ca9ea42541

Masked\_PatientID: 261

Order ID: fbf10fedf0c41f02743b0dcdee4c17923eaef4ee1f1a15063e49948ad4c80d86

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/9/2018 9:22

Line Num: 1

Text: HISTORY BG of relapsed AML, LUL invasive fungal infection on IV ambisome for repeat CT thorax without contrast to assess progress TECHNIQUE Plain CT thorax was acquired. FINDINGS Prior CT of 24/08/2018 was reviewed. Interval increase in multifocal peribronchial consolidation with peripheral ground-glass changes, worst in the left upper lobe, e.g. increased left upper lobe consolidation (3-32 vs prev 401-28) and small new foci in the middle (3-47, 55, 61 vs prev 401-43, 53, 58) in left lower (3-61, 68 vs prev 401-57, 63) lobes. No cavitation is detected. New small bilateral low-density pleural effusions, larger on the right with adjacent atelectasis. Central airways are patent. Prominent right hilar node (2-44), probably reactive. No overt enlarged intrathoracic node otherwise seen. Heart size is normal. Tiny sliver of dependent pericardial effusion. Tip of the right subclavian line is in the SVC. Included unenhanced upper abdomen is largely unremarkable. No overt bony destruction. CONCLUSION Since 24/08/2018: 1. Interval increase in multifocal bilateral lung consolidation with peripheral ground-glass changes, worst in the left upper lobe. These remain suspicious forinfection – for which invasive fungal organisms (e.g. aspergillosis) should be considered. 2. New small bilateral pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: 7b8458a9765b63bff26e473f3059de57b2554996b91fafd6b073fc8bb6a55b25

Updated Date Time: 06/9/2018 12:42

## Layman Explanation

This radiology report discusses HISTORY BG of relapsed AML, LUL invasive fungal infection on IV ambisome for repeat CT thorax without contrast to assess progress TECHNIQUE Plain CT thorax was acquired. FINDINGS Prior CT of 24/08/2018 was reviewed. Interval increase in multifocal peribronchial consolidation with peripheral ground-glass changes, worst in the left upper lobe, e.g. increased left upper lobe consolidation (3-32 vs prev 401-28) and small new foci in the middle (3-47, 55, 61 vs prev 401-43, 53, 58) in left lower (3-61, 68 vs prev 401-57, 63) lobes. No cavitation is detected. New small bilateral low-density pleural effusions, larger on the right with adjacent atelectasis. Central airways are patent. Prominent right hilar node (2-44), probably reactive. No overt enlarged intrathoracic node otherwise seen. Heart size is normal. Tiny sliver of dependent pericardial effusion. Tip of the right subclavian line is in the SVC. Included unenhanced upper abdomen is largely unremarkable. No overt bony destruction. CONCLUSION Since 24/08/2018: 1. Interval increase in multifocal bilateral lung consolidation with peripheral ground-glass changes, worst in the left upper lobe. These remain suspicious forinfection – for which invasive fungal organisms (e.g. aspergillosis) should be considered. 2. New small bilateral pleural effusions. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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