# Row 267

Visit Number: 2ed6f5069e3fb6cd5a139104f190331d7ffe66694aced369d364e4ca9ea42541

Masked\_PatientID: 261

Order ID: 4d83c06d538c3545cdf6be437b448d9f2e0ff7284c8015218b758f11068dece3

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/9/2018 15:23

Line Num: 1

Text: HISTORY BG of relapsed AML, LUL invasive fungal infection on IV ambisome and IV voriconazole Prev CT thorax showed worsening bilateral consolidation for repeat CT thorax to assess progress TECHNIQUE Contrast enhanced scans of thethorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with the CT of 6 September 2018. There is significant improvement of the patchy predominantly peripheral consolidation noted in both lungs since the prior scan. For example, the dominant focus of consolidation in the left upper lobe has decreased significantly in size (06-32 vs prior 3-30). One prior focus of consolidation in the right lower lobe anterior basal segment has almost completely resolved, with mild ground glass changes remaining in this location (6-82 vs prior 3-83). No new focus of consolidation is detected. The central airways are patent. Previously noted bilateral pleural effusions have resolved. The right central venous catheter tip is in the superior vena cava. There is a stable prominent right hilar lymph node (5-44). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly normal opacification. Heart size is top normal. No pericardial effusion is seen. The included upper abdomen appears grossly unremarkable. No destructive bone lesion is seen. CONCLUSION Significant improvement in multifocal bilateral lung consolidation since 6 Sep 2018. Most areas of involvement are smaller while some show almost complete resolution. No new focus of consolidation detected. Previously noted small bilateral pleural effusions have also resolved. Known / Minor Finalised by: <DOCTOR>

Accession Number: 0375aea1c7ef8e2078edab4045aaf7b6ea199a730d2ed9acc529ffafceabbdf8

Updated Date Time: 17/9/2018 16:13

## Layman Explanation

This radiology report discusses HISTORY BG of relapsed AML, LUL invasive fungal infection on IV ambisome and IV voriconazole Prev CT thorax showed worsening bilateral consolidation for repeat CT thorax to assess progress TECHNIQUE Contrast enhanced scans of thethorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with the CT of 6 September 2018. There is significant improvement of the patchy predominantly peripheral consolidation noted in both lungs since the prior scan. For example, the dominant focus of consolidation in the left upper lobe has decreased significantly in size (06-32 vs prior 3-30). One prior focus of consolidation in the right lower lobe anterior basal segment has almost completely resolved, with mild ground glass changes remaining in this location (6-82 vs prior 3-83). No new focus of consolidation is detected. The central airways are patent. Previously noted bilateral pleural effusions have resolved. The right central venous catheter tip is in the superior vena cava. There is a stable prominent right hilar lymph node (5-44). No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The major mediastinal vessels demonstrate grossly normal opacification. Heart size is top normal. No pericardial effusion is seen. The included upper abdomen appears grossly unremarkable. No destructive bone lesion is seen. CONCLUSION Significant improvement in multifocal bilateral lung consolidation since 6 Sep 2018. Most areas of involvement are smaller while some show almost complete resolution. No new focus of consolidation detected. Previously noted small bilateral pleural effusions have also resolved. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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