# Row 3619

Visit Number: 7ecf5bc429aacd5d80b19ce00424c3db03e8dabf084157e70c4ddbe6c2eb8f98

Masked\_PatientID: 3604

Order ID: 3d676081cd330439c5ffc3ea30346da72cb5b7bffbe3a4256c386ada9a4b6c62

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 31/8/2018 18:12

Line Num: 1

Text: HISTORY myeloma s/p autologous BM transplant has crackles in left base bronchiectasis vs ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT thorax available. Comparison made with lungs sections of the CT of 19/9/2016. There is improvement of the bronchial dilatation in both lower lobes, but persistent bronchial wall thickening is again noted. A tree in bud focus is noted in right lower lobe (3-58). A small amount of subpleural scarring is seen in the lateral aspect of basal left lower lobe, with no honeycombing. Similar changes at equivalent sections in the inferior aspect of the middle lobe have also shown improvement from before. Traction bronchiectasis in the medial upper aspect of the middle lobe (3-59) is not included on prior scan. Small amount of atelectasis is noted in the lingula. No consolidation seen. No lung mass or sinister nodule is seen. A few nonspecific flat peri-fissural nodule is noted along the right oblique fissure. No enlarged supraclavicular, axillary or mediastinal nodes seen. Thin sliver of pericardial fluid is unchanged. No pleural effusion is noted. Heart size is not enlarged. Coronary and aortic calcifications are present. Limited sections of the unenhanced upper abdomen show a small right hepatic cyst that is partially imaged. Diffuse osteopenia noted. No destructive permeative bony lesion is seen. CONCLUSION 1. Minimal bronchiectasis or bronchial dilatation is seen in the lung bases, likely post infective in nature. A small focus of tree in bud disease in the right lower lobe is likely due to minute airway infection. 2. No convincing features of interstitial fibrosis. A few sites of scarring noted with no honeycombing. 3. No ominous mass seen in the thorax. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: b0b42f7466a14fceefacaa8500eec3dee91150548f5384ad872e8c4588578e37

Updated Date Time: 03/9/2018 10:49

## Layman Explanation

This radiology report discusses HISTORY myeloma s/p autologous BM transplant has crackles in left base bronchiectasis vs ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS No comparison CT thorax available. Comparison made with lungs sections of the CT of 19/9/2016. There is improvement of the bronchial dilatation in both lower lobes, but persistent bronchial wall thickening is again noted. A tree in bud focus is noted in right lower lobe (3-58). A small amount of subpleural scarring is seen in the lateral aspect of basal left lower lobe, with no honeycombing. Similar changes at equivalent sections in the inferior aspect of the middle lobe have also shown improvement from before. Traction bronchiectasis in the medial upper aspect of the middle lobe (3-59) is not included on prior scan. Small amount of atelectasis is noted in the lingula. No consolidation seen. No lung mass or sinister nodule is seen. A few nonspecific flat peri-fissural nodule is noted along the right oblique fissure. No enlarged supraclavicular, axillary or mediastinal nodes seen. Thin sliver of pericardial fluid is unchanged. No pleural effusion is noted. Heart size is not enlarged. Coronary and aortic calcifications are present. Limited sections of the unenhanced upper abdomen show a small right hepatic cyst that is partially imaged. Diffuse osteopenia noted. No destructive permeative bony lesion is seen. CONCLUSION 1. Minimal bronchiectasis or bronchial dilatation is seen in the lung bases, likely post infective in nature. A small focus of tree in bud disease in the right lower lobe is likely due to minute airway infection. 2. No convincing features of interstitial fibrosis. A few sites of scarring noted with no honeycombing. 3. No ominous mass seen in the thorax. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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