# Row 3792

Visit Number: b201c0d46dcf6fbdd203ea0ed32d0086397998dfaa5fbc4b4c7ed81d41444653

Masked\_PatientID: 3792

Order ID: 86bf4be291acf11768443bb1fbc103f21af4a7afa557e24a91e44ae9fc4140e3

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 07/11/2017 15:36

Line Num: 1

Text: HISTORY Hemoptysis secondary to bronchiectasis, Past pTB treated TECHNIQUE Unenhanced HRCT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 14 May 2009. There is interval scarring, mucus plugging and traction bronchiectasis in the right lung base, middle lobe and right apex, associated with small amount of consolidation at the middle lobe and pleural thickening at the posterior right apex. Minimal traction bronchiectasis isalso seen in the inferior lingula and lateral basal left lower lobe. Stable 2 mm nodule is again seen in the lateral aspect of right lower lobe (3-72) while a few other larger nodules have resolved (prior 5-32) or is smaller in right upper lobe (prior 5-28, now 3-51). These are probably inflammatory or infectious in nature. A few sites of minimal tree in bud disease previously seen, have also resolved. There is however interval increase of a subpleural nodule in lateral basal right lower lobe (3-93), as well as a new ovoid nodule measuring 14 x 9 mm with peripheral calcifications (3-99). No cavitating or spiculated lesions seen. There is no miliary disease or tree in bud nodules. No emphysema or interstitial fibrosis.The major airways are patent. No pleural or pericardial effusion is seen. The heart is normal in size. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is identified. A 1.0 cm partially exophytic hypodensity in the right renal upper pole probably represents a cyst. No other overt abnormality is seen within the imaged sections of the unenhanced upper abdominal solid organs. No destructive bony lesion is noted. CONCLUSION Since May 2009, 1. Interval resolution or improvement of a few lung nodules and few sites of tree-in-bud disease. 2. Traction bronchiectasis and mucus plugging mostly on the right may suggest recurrent active infective airway disease. There is a 14mm ovoidnodule in right lower lobe with peripheral calcifications. Consideration may include TB or non-TB mycobacterial infection. Follow-up suggested. 3. Other minor findings as described. May need further action Reported by: <DOCTOR>

Accession Number: 293bd342a116a37a0179ba6121c31b75f984070aaf9148267b1d2246ebc0fbb1

Updated Date Time: 09/11/2017 18:38

## Layman Explanation

This radiology report discusses HISTORY Hemoptysis secondary to bronchiectasis, Past pTB treated TECHNIQUE Unenhanced HRCT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 14 May 2009. There is interval scarring, mucus plugging and traction bronchiectasis in the right lung base, middle lobe and right apex, associated with small amount of consolidation at the middle lobe and pleural thickening at the posterior right apex. Minimal traction bronchiectasis isalso seen in the inferior lingula and lateral basal left lower lobe. Stable 2 mm nodule is again seen in the lateral aspect of right lower lobe (3-72) while a few other larger nodules have resolved (prior 5-32) or is smaller in right upper lobe (prior 5-28, now 3-51). These are probably inflammatory or infectious in nature. A few sites of minimal tree in bud disease previously seen, have also resolved. There is however interval increase of a subpleural nodule in lateral basal right lower lobe (3-93), as well as a new ovoid nodule measuring 14 x 9 mm with peripheral calcifications (3-99). No cavitating or spiculated lesions seen. There is no miliary disease or tree in bud nodules. No emphysema or interstitial fibrosis.The major airways are patent. No pleural or pericardial effusion is seen. The heart is normal in size. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is identified. A 1.0 cm partially exophytic hypodensity in the right renal upper pole probably represents a cyst. No other overt abnormality is seen within the imaged sections of the unenhanced upper abdominal solid organs. No destructive bony lesion is noted. CONCLUSION Since May 2009, 1. Interval resolution or improvement of a few lung nodules and few sites of tree-in-bud disease. 2. Traction bronchiectasis and mucus plugging mostly on the right may suggest recurrent active infective airway disease. There is a 14mm ovoidnodule in right lower lobe with peripheral calcifications. Consideration may include TB or non-TB mycobacterial infection. Follow-up suggested. 3. Other minor findings as described. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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