# Row 4444

Visit Number: 89b6395b697d61ac0109421d24919f234c2e462050a8293c86537a9d81d8e698

Masked\_PatientID: 4441

Order ID: 79935feba9ce2cb9a1f642e66625f42028c42c6fdaa852feaa3ba2e43931b69a

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 16/10/2017 10:37

Line Num: 1

Text: HISTORY chronic cough for evaluation with b/g ESRF on HD TECHNIQUE High resolution CT thorax was performed with coronal reconstruction. FINDINGS The CT on 7 July 2012 is reviewed. Consolidation with ground-glass opacitiesis seen in the lower lobes, mainly affecting the left lateral basal segment and right medial basal segment. This is also seen in the lingula to a lesser degree. Calcified granuloma is seen in the left upper lobe anterior segment. A nonspecific 4 mm subpleural nodule is seen in the right upper lobe anterior segment (3-41). No bronchiectasis is detected. There is septal thickening and small bilateral pleural effusions. The heart is enlarged with pulmonary venous congestion and small pericardial effusion. Coronary atherosclerosis is seen. Small-borderline lymph nodes measuring up to 10 mm in the right paratracheal station are probably reactive. Calcified left hilar node is noted. Nonspecific hypodense thyroid nodules. The kidneys are atrophic and demonstrate several cysts, in keeping with known end-stage renal disease. Hepatic venous congestion is present, attributed to heart failure. There is no osseous destruction. CONCLUSION These changes in the lungs favour resolving cardiac failure. The patchy areas of consolidation and ground-glass changes predominantly in both lower lobes and to lesser extent in the lingula lobe may be part of the resolving heart failure or mild superimposed inflammatory changes. Clinical correlation is suggested. May need further action Reported by: <DOCTOR>

Accession Number: c97f09104c3c85938992bc0ad4682bbabc95d323370c9e2c3486873d5e20dfdc

Updated Date Time: 16/10/2017 17:54

## Layman Explanation

This radiology report discusses HISTORY chronic cough for evaluation with b/g ESRF on HD TECHNIQUE High resolution CT thorax was performed with coronal reconstruction. FINDINGS The CT on 7 July 2012 is reviewed. Consolidation with ground-glass opacitiesis seen in the lower lobes, mainly affecting the left lateral basal segment and right medial basal segment. This is also seen in the lingula to a lesser degree. Calcified granuloma is seen in the left upper lobe anterior segment. A nonspecific 4 mm subpleural nodule is seen in the right upper lobe anterior segment (3-41). No bronchiectasis is detected. There is septal thickening and small bilateral pleural effusions. The heart is enlarged with pulmonary venous congestion and small pericardial effusion. Coronary atherosclerosis is seen. Small-borderline lymph nodes measuring up to 10 mm in the right paratracheal station are probably reactive. Calcified left hilar node is noted. Nonspecific hypodense thyroid nodules. The kidneys are atrophic and demonstrate several cysts, in keeping with known end-stage renal disease. Hepatic venous congestion is present, attributed to heart failure. There is no osseous destruction. CONCLUSION These changes in the lungs favour resolving cardiac failure. The patchy areas of consolidation and ground-glass changes predominantly in both lower lobes and to lesser extent in the lingula lobe may be part of the resolving heart failure or mild superimposed inflammatory changes. Clinical correlation is suggested. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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