# Row 4775

Visit Number: a08175f7e3a2b437457b037594af64e20176e14ae36c825349236216029f2ed5

Masked\_PatientID: 4773

Order ID: a591bc15ee831d6c17f0a947fc9604e1dd9f171ff1e4d3d83ef6a1b2b4e5453a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/5/2018 12:40

Line Num: 1

Text: HISTORY community acquired pneumonia - noted bilateral bronchial & peri-bronchial consolidation a/w pulmonary nodules - to repeat x6-8/52 for resolution of consolidative changes and evolution of pulmonary nodules TECHNIQUE PlainCT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the last CT scan dated 8/4/18. The previously described nodular opacities in the bilateral lungs show interval improvement with some residual air-space changes. The bilateral lower lobe consolidations also show interval improvement as well with residual atelectasis. There is resolution of the left small pleural effusion and improvement of the right pleural effusion. Within limits of an unenhanced CT, no significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The bilateral thyroid gland nodules appear stable in size. The tiny left breast calcific foci are noted again. Patient is status post cholecystectomy and right hepatic surgery. Pneumobilia is noted again. An ill-defined hypodensity in the upper pole of the left kidney may represent renal cyst. The other solid organs,as seen on the limited sections of the unenhanced upper abdomen, are unremarkable. No destructive bony process is seen. There is thoracic spine kyphosis. CONCLUSION The scattered airspace opacities and the consolidation in both lungs show overall interval improvement with some residual airspace changes. Known / Minor Reported by: <DOCTOR>

Accession Number: f753b536ed4e0235fb7d16fc04ea05ee4acc89f8ddb701c0e32240e65e6c4d5e

Updated Date Time: 31/5/2018 17:47

## Layman Explanation

This radiology report discusses HISTORY community acquired pneumonia - noted bilateral bronchial & peri-bronchial consolidation a/w pulmonary nodules - to repeat x6-8/52 for resolution of consolidative changes and evolution of pulmonary nodules TECHNIQUE PlainCT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the last CT scan dated 8/4/18. The previously described nodular opacities in the bilateral lungs show interval improvement with some residual air-space changes. The bilateral lower lobe consolidations also show interval improvement as well with residual atelectasis. There is resolution of the left small pleural effusion and improvement of the right pleural effusion. Within limits of an unenhanced CT, no significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The bilateral thyroid gland nodules appear stable in size. The tiny left breast calcific foci are noted again. Patient is status post cholecystectomy and right hepatic surgery. Pneumobilia is noted again. An ill-defined hypodensity in the upper pole of the left kidney may represent renal cyst. The other solid organs,as seen on the limited sections of the unenhanced upper abdomen, are unremarkable. No destructive bony process is seen. There is thoracic spine kyphosis. CONCLUSION The scattered airspace opacities and the consolidation in both lungs show overall interval improvement with some residual airspace changes. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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