# Row 4973

Visit Number: 56381090c37f73b8cfe3535c2ddd282889b19d3bc6721c74d3b04fe1cf5829bc

Masked\_PatientID: 4964

Order ID: 0e5e1ff0fda61a2dcadc7a296bffe171021618ef49cb5830421bac49d1de6b32

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/1/2017 14:20

Line Num: 1

Text: HISTORY bgd of diffuse alveolar lavage sec to newly dx SLE w immune thrombocytopenia and anemia. Noted desaturation last night w 2 episodes of blood stained sputum. for CT thorax to reassess for recurrent alveolar hemorrhage TECHNIQUE Unenhanced CT scan of the thorax. FINDINGS The CT study of 3 January 2017 was reviewed. Motion artefacts degrade the diagnostic quality of this study. The trachea and major bronchi are patent. Extensive patchy and ill-defined bilateral ground-glass opacification and mild septal thickening is noted, some areas have improved such as at the right apex. some areas have become slightly worse such as in the left apex. Interval mild worsening of the pleural effusions is noted bilaterally. A few prominent paratracheal lymph nodes are noted, likely reactive. Heart size is normal and no pericardial effusion is seen. Nasogastric tube is in situ. Ascites is noted around the liver. No contour deforming mass is seen inthe included liver, spleen, pancreas, adrenals and kidneys. No destructive bony lesion is seen. CONCLUSION 1. There are extensive bilateral patchy ill-defined ground-glass opacity in both lungs, some areas have slightly worsened while some areas have improved. Overall, given the clinical findings and the progression since previous chest radiographs, these areas are likely to represent areas of pulmonary parenchymal haemorrhage in the context of SLE. 2. Mild interval worsening of bilateral pleural effusions. May need further action Reported by: <DOCTOR>

Accession Number: 816f646e5d2dcfb4b5eb5b2d91005384f7cc1b96f119ccae107dbe20351ac8df

Updated Date Time: 12/1/2017 16:18

## Layman Explanation

This radiology report discusses HISTORY bgd of diffuse alveolar lavage sec to newly dx SLE w immune thrombocytopenia and anemia. Noted desaturation last night w 2 episodes of blood stained sputum. for CT thorax to reassess for recurrent alveolar hemorrhage TECHNIQUE Unenhanced CT scan of the thorax. FINDINGS The CT study of 3 January 2017 was reviewed. Motion artefacts degrade the diagnostic quality of this study. The trachea and major bronchi are patent. Extensive patchy and ill-defined bilateral ground-glass opacification and mild septal thickening is noted, some areas have improved such as at the right apex. some areas have become slightly worse such as in the left apex. Interval mild worsening of the pleural effusions is noted bilaterally. A few prominent paratracheal lymph nodes are noted, likely reactive. Heart size is normal and no pericardial effusion is seen. Nasogastric tube is in situ. Ascites is noted around the liver. No contour deforming mass is seen inthe included liver, spleen, pancreas, adrenals and kidneys. No destructive bony lesion is seen. CONCLUSION 1. There are extensive bilateral patchy ill-defined ground-glass opacity in both lungs, some areas have slightly worsened while some areas have improved. Overall, given the clinical findings and the progression since previous chest radiographs, these areas are likely to represent areas of pulmonary parenchymal haemorrhage in the context of SLE. 2. Mild interval worsening of bilateral pleural effusions. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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