# Row 593

Visit Number: ccc51e2e14579eff6f3506b1d26e66f19865136a511a4a2cdd50da7aafef867c

Masked\_PatientID: 589

Order ID: 58591ecbf6a0810cdf0ae0a48f3b617c93e2d52abe1c71d3ee07339e9ecd1903

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 18/6/2019 13:57

Line Num: 1

Text: HISTORY to evaluate for progression of ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The CT Aortogram dated 31 Jul 2017 was reviewed. The chest radiograph dated 4 June 2019 was reviewed. Thesensitivity of the study is limited by lack of intravenous contrast and motion artefacts. There is interlobular septal thickening with intervegening ground glass changes particularly in the subpleural regions and lung bases. This is associated with bronchial thickening and traction bronchiectasis most prominent in the bilateral lower lobes, where there is also volume loss and architectural distortion. There is suggestion of microcystic changes in the subpleural upper lobes. No suspicious pulmonary mass or consolidation is noted. No pleural effusion is present. The trachea and major airways are patent. No discrete mediastinal, axillary, hilar or supraclavicular lymphadenopathy. Stable small volume mediastinal nodes are strictly not enlarged by CT size criteria (for example 3/25, 3/29). Stable small calcified right hilar node (3/32). The heart is not significantly enlarged. Coronary atherosclerotic calcifications are noted. No pericardial effusion is seen.Incidental note made of common origin of the brachiocephalic artery and left common carotid artery (anatomical variant). The imaged thyroid gland is unremarkable. The limited sections of the upper abdomen are unremarkable. No destructive bonelesion is detected. Old left clavicle fracture. CONCLUSION Since CT dated 31 July 2017: 1. Overall pulmonary findings are compatible with interstitial lung disease, with appearances favouring a non-specific interstitial pneumonia (NSIP) pattern. These changes appear stable/at most minimally worsened. 2. No new suspicious pulmonary mass or consolidation. 3. Other findings as described above. Report Indicator: May need further action Reported by: <DOCTOR>

Accession Number: 18f6d21eed9463bf7d75409b78c687e3c2454fac91fb8fd12a55ca8722aea92b

Updated Date Time: 28/6/2019 12:54

## Layman Explanation

This radiology report discusses HISTORY to evaluate for progression of ILD TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS The CT Aortogram dated 31 Jul 2017 was reviewed. The chest radiograph dated 4 June 2019 was reviewed. Thesensitivity of the study is limited by lack of intravenous contrast and motion artefacts. There is interlobular septal thickening with intervegening ground glass changes particularly in the subpleural regions and lung bases. This is associated with bronchial thickening and traction bronchiectasis most prominent in the bilateral lower lobes, where there is also volume loss and architectural distortion. There is suggestion of microcystic changes in the subpleural upper lobes. No suspicious pulmonary mass or consolidation is noted. No pleural effusion is present. The trachea and major airways are patent. No discrete mediastinal, axillary, hilar or supraclavicular lymphadenopathy. Stable small volume mediastinal nodes are strictly not enlarged by CT size criteria (for example 3/25, 3/29). Stable small calcified right hilar node (3/32). The heart is not significantly enlarged. Coronary atherosclerotic calcifications are noted. No pericardial effusion is seen.Incidental note made of common origin of the brachiocephalic artery and left common carotid artery (anatomical variant). The imaged thyroid gland is unremarkable. The limited sections of the upper abdomen are unremarkable. No destructive bonelesion is detected. Old left clavicle fracture. CONCLUSION Since CT dated 31 July 2017: 1. Overall pulmonary findings are compatible with interstitial lung disease, with appearances favouring a non-specific interstitial pneumonia (NSIP) pattern. These changes appear stable/at most minimally worsened. 2. No new suspicious pulmonary mass or consolidation. 3. Other findings as described above. Report Indicator: May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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