# Row 775

Visit Number: 93e175235c1fc38a0381adf5234bce2839ece5858ade5c80c51ada0f31627267

Masked\_PatientID: 774

Order ID: 6b3053d5b53aca06136388a8fbea00e8d3b084b452e314f8eaea9feae74f6f6b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 31/12/2015 9:17

Line Num: 1

Text: HISTORY New RUL infiltrates PTB vs other lung pathology TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior imaging available for comparison. There is a cluster of multiple non-calcified pulmonary nodular opacities with adjacent airway thickening in the posterior segment of the right upper lobe in the lung are noted, with the largest opacity measuring 11 x 9 mm series 5, images 24-35. This is likely due to an inflammatory / infective process and active tuberculous infection needs to be considered. No pleural effusion is identified. The heart size is within normal limits and no pericardial effusion is evident. Few subcentimeter axillary lymph nodes are noted bilaterally. No significant hilar or mediastinal lymphadenopathy. No destructive bony lesion visualized. CONCLUSION A cluster of pulmonary nodular opacities in the right upper lobe a/w adjacent airway thickening favours an inflammatory / infective process. Active tuberculous infection should be considered. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: dd82f58821ef9336e40d1e88ff1c0a524a6a7941fe57a0e212f499d51542d0ef

Updated Date Time: 31/12/2015 12:31

## Layman Explanation

This radiology report discusses HISTORY New RUL infiltrates PTB vs other lung pathology TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No relevant prior imaging available for comparison. There is a cluster of multiple non-calcified pulmonary nodular opacities with adjacent airway thickening in the posterior segment of the right upper lobe in the lung are noted, with the largest opacity measuring 11 x 9 mm series 5, images 24-35. This is likely due to an inflammatory / infective process and active tuberculous infection needs to be considered. No pleural effusion is identified. The heart size is within normal limits and no pericardial effusion is evident. Few subcentimeter axillary lymph nodes are noted bilaterally. No significant hilar or mediastinal lymphadenopathy. No destructive bony lesion visualized. CONCLUSION A cluster of pulmonary nodular opacities in the right upper lobe a/w adjacent airway thickening favours an inflammatory / infective process. Active tuberculous infection should be considered. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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