# Patient ID: 1983, Performed Date: 16/10/2018 19:21

## Raw Radiology Report Extracted

Visit Number: a3afbb8e9773609feb0c33379410809b9d87cd68fed109e60d208c6563308013

Masked\_PatientID: 1983

Order ID: 2cf7818574127d65265bfed1c852c8eeea7451a63dc51b60df2fddea39dfdc13

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 16/10/2018 19:21

Line Num: 1

Text: HISTORY Persistent LLZ opacities/nodules TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Iopamiro 370 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. Multiple dilated airways with mucous plugging are noted in bilateral lower lobes, middle lobe and lingular segments of the left upper lobe, in keeping with bronchiectasis. A prominent tubular density in the lateral segment of the middle lobe is also likely to represent a bronchocele (6-50). Tree-in-bud nodularities are seen predominantly in the lungs in left upper, middle and both lower lobes (ie: 6-59, 6-72), suggesting superimposed infection. Subpleural blebs are noted in the right lung upper lobe apex. The mediastinal vessels opacify normally. There is a minimally enlarged subcarinal node, measuring 1.3 cm in short axis diameter (5-42), likely reactive. No significantly enlarged hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The lungs show normal features. No pulmonary nodule, consolidation or ground-glass opacity is detected. No pleural effusion is present. The limited sections of the upper abdomen are unremarkable. No destructive bony lesion is seen. Mild dextroscoliosis of the thoracic spine is noted. CONCLUSION 1) Multiple dilated airways with mucous plugging are seen in both lungs, predominantly in the lower lobes, in keeping with bronchiectasis. 2) Tree-in-bud nodularities in both lungs are suggestive of superimposed small airways infection. Mycobacterial infection cannot be excluded. 3) Mildly enlarged subcarinal lymph node is likely reactive. May need further action Reported by: <DOCTOR>

Accession Number: e849de47ead2d89c98914f93af1d0e4b88fc029e6a5423c2b0a6afc946fb2f65

Updated Date Time: 17/10/2018 14:26

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*chest x-ray\*\* report.  
  
\*\*1. Diseases mentioned:\*\*  
  
\* \*\*Bronchiectasis:\*\* Multiple dilated airways with mucous plugging are seen in both lungs, predominantly in the lower lobes.  
\* \*\*Superimposed infection:\*\* Tree-in-bud nodularities in both lungs are suggestive of superimposed small airways infection. Mycobacterial infection cannot be excluded.  
  
\*\*2. Organs mentioned:\*\*  
  
\* \*\*Lungs:\*\* Multiple dilated airways with mucous plugging, tree-in-bud nodularities, subpleural blebs, normal features.  
\* \*\*Airways:\*\* Dilated, mucous plugging.  
\* \*\*Lymph nodes:\*\* Minimally enlarged subcarinal node (1.3 cm).  
\* \*\*Heart:\*\* Normal size.  
\* \*\*Pericardium:\*\* No effusion.  
\* \*\*Mediastinum:\*\* Vessels opacify normally.  
\* \*\*Thoracic spine:\*\* Mild dextroscoliosis.   
\* \*\*Upper abdomen:\*\* Unremarkable.   
  
\*\*3. Symptoms or phenomenon that would cause attention:\*\*  
  
\* \*\*Multiple dilated airways with mucous plugging:\*\* Suggests bronchiectasis, a chronic condition where airways are permanently widened and damaged, leading to difficulty clearing mucus.  
\* \*\*Tree-in-bud nodularities:\*\* Suggestive of superimposed infection, possibly mycobacterial. This indicates a potential for a serious respiratory infection.   
\* \*\*Minimally enlarged subcarinal lymph node:\*\* Likely reactive, but may require further investigation. This could be related to the infection or other factors.