# Patient ID: 261, Performed Date: 24/8/2018 16:40

## Raw Radiology Report Extracted

Visit Number: 2ed6f5069e3fb6cd5a139104f190331d7ffe66694aced369d364e4ca9ea42541

Masked\_PatientID: 261

Order ID: 9cd46fb4f496b028111a37e9875785b5efec7b5db85c1641d56019d6938a5715

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/8/2018 16:40

Line Num: 1

Text: HISTORY BG of AML s/p IA 3+7, on posaconazole prophylaxis Noted to have LML patch on CXR TRO invasive fungal infection TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Chest radiographs dating back August 18, 2018 were reviewed. The mediastinal vessels opacify normally. 10 mm prominent right hilar lymph node is likely reactive. No significantly enlarged mediastinal,axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Multifocal scattered areas of peribronchial consolidation with peripheral rim of ground-glass changes are noted in the left upper lobe. Minimal changes are also noted in the right upper and lower lobes. Bilateral apical pleural thickening is noted. No pulmonary nodule is detected. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION Multifocal scattered areas of peribronchial consolidation in both lungs associated with peripheral rim of ground-glass changes seen predominantly in the left upper lobe. Findings are likely due to infective aetiology, and fungal organisms such as invasive aspergillosis may be considered. For clinical correlation. May need further action Finalised by: <DOCTOR>

Accession Number: 6b118545533cc17062c1bc70029dbdf18ba82be42d33a7534270c89d6fc9a712

Updated Date Time: 24/8/2018 17:35

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.