# Patient ID: 3739, Performed Date: 02/1/2019 10:55

## Raw Radiology Report Extracted

Visit Number: 93b6a06c1fecd0a4bb72e31080fa9674323159c2b4956f65c7f1bfc4052ba176

Masked\_PatientID: 3739

Order ID: c31731a36d576dfd278f08d765fcb7eaec3d9e2c70e5c47b0167c1d9618e31e2

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/1/2019 10:55

Line Num: 1

Text: HISTORY RUZ consolidation with ?tracheal deviation to right, LOW approx 4kg TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The mediastinal vessels opacify normally. There is a 1.0cm node at right hila im 5-34. There are a few small nodes of 4mm at right tracheobronchial area, no significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Thyroid gland is not enlarged. There is deviation of trachea to the right side. There is fibrosis and reduction in volume of right upper lobe. Pleural thickening in the right apical area and upper lobe noted. The right hilum is elevated. There is traction bronchiectasis present. Right upper lobe has a multi loculated cavity, maximum measurement of 3.5x 5.7 cm, image 05-19. No intracavity mass, fluid level or airpocket is seen. These is changes are likely due to previous disease. The right lower lobe shows a few areas of patchy tree in bud appearance, image 06-45 may be due to areas of infection. There is pleural thickening in the posterior lateral part of the right lower zone. No pleural effusion is seen. A 3 mm opacity in the right middle lobe, image 06-75 is too small to characterise. In the left lung, there is pleural thickening in the apical and upper lobe. A 0.7cm focal pleural thickening im 6-25 and a few small foci along lateral lower zones noted. No left pleural effusion is seen. No consolidation or focal nodule is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. No focal destructive bony process is seen. CONCLUSION Right upper lobe fibrosis, elevation of hilum with reduction of volume and traction bronchiectasis and multiloculated cavity. No mass or fluid level is seen within this cavity. These changes are compatible with previous disease. An area of tree in bud appearance in right lower lobe suspicious for infection. No pleural effusion is seen. A lymph node at right hilum, follow-up and evaluation is advised. Left upper lobe fibrosis and pleural thickening, no consolidation or pleural effusion is seen. May need further action Finalised by: <DOCTOR>

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## Layman Explanation

Error generating summary.

## Summary

Error generating summary.