# Patient ID: 3859, Performed Date: 20/5/2019 9:34

## Raw Radiology Report Extracted

Visit Number: bcfd17dcbe44483f79594a1f8abb71c79b29bc57227646b9cba552a0d4b770b1

Masked\_PatientID: 3859

Order ID: d310f5efc33a2a319320e5af6f12c70dd96b26088bdac73e1c012deb567ee4bb

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 20/5/2019 9:34

Line Num: 1

Text: HISTORY possible polymyositis with ILD, ANA and Anti-EJ Positive interval 1month CT scan TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is made previous CT of April 2019. There is significant resolution of most of the previously noted extensive ground-glass opacification of both lungs. Postinflammatory opacities with architectural distortion worse in the bilateral upper lobes are noted, associated traction bronchiectasis especially the left. Mild bronchiectasis is noted in the middle lobe and inferior lingular segment. Minor postinflammatory scarring in the apical left lower lobe. In the rest of the lower lobes bilaterally there are residual ill-defined ground-glass and centrilobular opacities likely due to residual inflammatory changes. Some degree of traction bronchiectasis is also seen in the peripheral basal segments. Small volume mediastinal lymph nodes are probably reactive. Trace pericardialeffusion. No pleural effusion. Tip of the a nasogastric tube is projected within the stomach. The bone settings show no overt destructive lesions. CONCLUSION Dominant findings are -postinflammatory scarring and traction bronchiectasis more in the upper lobes. - residual inflammatory changes in the lower lobes including those around or within small airways Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 25e726e7395257f8ff3ae96811d22ec7f2867f80aeb07b82049e79de9a28f029

Updated Date Time: 21/5/2019 10:11

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.