# Patient ID: 4441, Performed Date: 07/6/2018 12:36

## Raw Radiology Report Extracted

Visit Number: c9b2773b3fba45b6978a289dee1de5953d06252904b2efaa9f2f29f1b7369766

Masked\_PatientID: 4441

Order ID: 4c60e16c3f0db01116a4d9da5647be6f52c8af2eb870c9c2fd4330c8be12e286

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/6/2018 12:36

Line Num: 1

Text: HISTORY Persistent R LZ infiltrates for ix aw back pain at midback TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Compared with study dated 16/10/2017. Note also made of previous CXRs. Right lung is clear with interval resolution of previous consolidation now. There are areas of atelectasis, some airway thickening and patchy opacification in left lower lobe, improved from before. There are likely due to combination of post inflammatory changes with atelectasis. Calcified granuloma in left upper lobe. A 4 mm ground glass nodule in left upper lobe (se 5-45) appears non specific. Pervious RUL nodule is no longer seen now. No central mass. Airways are patent. Heart is enlarged. Small volume nodes noted again. No pleural or pericardial effusion. Included liver shows a few hypodensities, too small for characterisation. No suspicious bony lesions. Some venous collaterals noted in upper chest, likely related to previous thrombosis/narrowing of brachiocephalic vein/SVC. CONCLUSION 1. Right lung is clear with interval resolution of previous consolidation now. 2. There are areas of atelectasis, some airway thickening and patchy opacification in left lower lobe, improved from before. There are likely due to combination of post inflammatory changes with atelectasis Known / Minor Finalised by: <DOCTOR>

Accession Number: 787ad15947f00b18658a7758048332cb66dda17693f420971fa4ad88e09d3c44

Updated Date Time: 14/6/2018 12:44

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.