# Patient ID: 5194, Performed Date: 28/3/2019 16:36

## Raw Radiology Report Extracted

Visit Number: a79f19c484c870568db4fbc8f9498782d4de2ac47632e1e108af217909eaeef3

Masked\_PatientID: 5194

Order ID: f53912cbd5d1ab1b00a81b6c5a0f445b18d5986385d169cc75961fbac4ac79a1

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/3/2019 16:36

Line Num: 1

Text: HISTORY Bronchiectasis. Mycobacterium abscessus. New RMZ airspace shadowing RMZ TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT dated 03\03\2018 was reviewed. New and more extensive centrilobular nodularity is seen in the right lower lobe for example 4\59, previous 5\59). There is also a new mass-like consolidation in this same lobe (4\53). Right upper lobe elongated opacity (4\32) with some dilated airways leading into the head is relatively stable. In the left lower lobe, there is a mixed response with interim improvement of the some of the previously seen nodularity for example previous 5\42, current 4\43, previous 5\57, current 4\58). However, there are several other new areas of or focal consolidations and new nodules. Mild left lower lobe bronchiectasis. Post inflammatory changes in the lingula segment.No pleural effusions Prominent right hilar lymph node is stable. No significantly enlarged lymph nodes seen in the thorax. No cardiomegaly or pericardial effusion. No bony destruction. CONCLUSION In the right lower lobe, there new centrilobular nodularity with an area of mass-like consolidation. In theleft lower lobe with improvement in some of the previously seen infective\inflammatory changes but several new nodules and new\increased small foci of consolidation are evident. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: aaa02afdd7838703bcce0e1fbb4ba30757d4faf22e24998b6b4b2238ff4563ae

Updated Date Time: 03/4/2019 12:42

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.