# Patient ID: 605, Performed Date: 19/6/2017 15:21

## Raw Radiology Report Extracted

Visit Number: 33574fa8cd8cc33719bc9e17fd8210412a9fa3d74150e8c8eec4fb1a0c78c697

Masked\_PatientID: 605

Order ID: 448e850cc9c6222e8876f02547b77f1ec21d813ea2405e2d863cfb55ac2afdee

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/6/2017 15:21

Line Num: 1

Text: HISTORY sexually active male(unprotected), with chronic cough, fever, LOA, ngiht sweats, desat 91<98% on ambulation to toiilet, TRO PCP/ pTB/ aytpical infections/ malignancy TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. There is some image blurring from motion artefact in the bases. There are fairly extensivebilateral symmetrical airspace changes in both lungs which are predominantly manifested as ill-defined ground-glass opacities. There are a few associated areas of consolidation as well as inter and intralobular septal thickening. The locationof the changes are predominantly peripheral and basal although there is involvement of the perihilar region in the posterior right upper lobe. There is no cavitation, air trapping or tree in bud nodularity. There are minimal bilateral pleuraleffusions. Prominent to borderline mediastinal (E.g. prevascular) and bilateral hilar nodes may be reactive. No necrotic node is seen. There is no enlarged supraclavicular, mediastinal, hilar or axillary node. The trachea and major bronchiare patent. The heart is not enlarged. The cardiac chambers and mediastinal vessels enhance in an expected fashion. There is no pericardial effusion. The included abdominal viscera are unremarkable. There is no destructive bony lesion. . CONCLUSION Bilateral extensive, fairly symmetrical airspace changes, mainly manifesting as ground-glass opacities, with basal preference and predominant peripheral distribution. This is likely to represent an infective / inflammatory aetiology. Atypical infection (E.g. viral) is a consideration. PCP remains possible although distribution is atypical. TB is considered unlikely. Kindly correlate with immune status and microbiology findings. May need further action Finalised by: <DOCTOR>

Accession Number: a4c6d664c457b3fa7893ad0740083e0049b08566d10faf147734f23018ea4190

Updated Date Time: 19/6/2017 18:07

## Layman Explanation

Error generating summary.

## Summary

Error generating summary.