# Patient ID: 2022, Performed Date: 22/9/2015 13:37

## Raw Radiology Report Extracted

Visit Number: ee444a13f926b97a5ae9ee583d0280c9631e76b153b9bb3fef0c295a4ab209db

Masked\_PatientID: 2022

Order ID: afb9ad8898362250039b4553057b303e132bcf24d48a4c0608da5976996455ed

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 22/9/2015 13:37

Line Num: 1

Text: HISTORY history of RA with ILD. to re-assess ILD -?progression TECHNIQUE Non-contrast HRCT thorax was acquired as per department protocol. Intravenous contrast: nil FINDINGS Comparison is done with the previous study dated 23 Jan 2015. There are patchy areas of ground glass change associated with interlobular septal thickening, architectural distortion and traction bronchiectasis again seen in both lungs. The changes are fairly symmetrical with the lower lobes and lingula being relatively more affected. Overall there is interval progression from Jan 2105. There is no consolidation or suspicious pulmonary nodule. The heart is borderline enlarged. There is mild dilatation of the pulmonary trunk. There is no pleural or pericardial effusion. Within the limits of this non-contrast scan there is no enlarged mediastinal, hilar or axillary lymph node. Diffuse fatty atrophy of the pancreas is again noted. There is no destructive bony lesion. CONCLUSION Patchy areas of fibrosis in both lungs with predominant ground glass change, septal thickening and traction bronchiectasis. The appearance is in keeping with NSIP pattern of interstitial disease and show interval progression from the previous CT scan. (scan checked with Dr. Cheah FK) May need further action Finalised by: <DOCTOR>

Accession Number: 0d138b60a60dee36bbc3fd8814540275fd0868fa7d9b0b365e856577667e6123

Updated Date Time: 23/9/2015 13:26

## Layman Explanation

Error generating summary.

## Summary

The text is extracted from a \*\*High Resolution Computed Tomography (HRCT) of the thorax\*\*.  
  
\*\*1. Disease(s):\*\*  
  
\* \*\*ILD:\*\* The report mentions "history of RA with ILD" and "re-assess ILD -?progression". This indicates the patient has a history of \*\*Interstitial Lung Disease (ILD)\*\*, likely related to their Rheumatoid Arthritis (RA). The report also notes "interval progression" of the ILD since the previous scan, meaning the disease has worsened.   
\* \*\*NSIP:\*\* The report concludes the findings are "in keeping with NSIP pattern of interstitial disease", indicating \*\*Non-Specific Interstitial Pneumonia (NSIP)\*\* as the pattern of the ILD.   
\* \*\*Fatty Atrophy of the Pancreas:\*\* The report notes "Diffuse fatty atrophy of the pancreas."   
  
\*\*2. Organ(s):\*\*  
  
\* \*\*Lungs:\*\* The report focuses primarily on the lungs, describing "patchy areas of ground glass change associated with interlobular septal thickening, architectural distortion and traction bronchiectasis" in both lungs. The lower lobes and lingula are more affected.   
\* \*\*Heart:\*\* The report notes the "heart is borderline enlarged" and there is "mild dilatation of the pulmonary trunk."  
\* \*\*Pancreas:\*\* The report notes "Diffuse fatty atrophy of the pancreas."   
  
\*\*3. Symptoms or Phenomena Causing Attention:\*\*  
  
\* \*\*Interval Progression of ILD:\*\* The most significant concern is the progression of the ILD since the previous scan. This indicates the disease is worsening and may require further management.   
\* \*\*Borderline Enlarged Heart and Mild Dilatation of Pulmonary Trunk:\*\* These findings suggest possible cardiac involvement. While not directly related to the ILD, they warrant further investigation.  
\* \*\*Fatty Atrophy of the Pancreas:\*\* While not directly related to the ILD, this finding may indicate underlying pancreatic issues that should be further investigated.