# Patient ID: 2022, Performed Date: 23/1/2015 15:17

## Raw Radiology Report Extracted

Visit Number: 672f3631ec56216f4fde567611e47d805e57161416b06c7b4b7f2ef81d349072

Masked\_PatientID: 2022

Order ID: 55f7db078c576f153dcd74cd3174d882b4917a4c51f588844f061a3e5c4ae122

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 23/1/2015 15:17

Line Num: 1

Text: HISTORY RA/ILD. Started on MMF on October 14. To assess progression. TECHNIQUE High resolution CT scan of the chest was done without contrast administration. FINDINGS Comparison was made with the previous CT done on 22 April 2014. Ground glass opacities are noted bilaterally, predominantly in the lower lobes. Peripheral scattered reticular opacities are noted bilaterally. Patchy scarring is also seen in the lower lobes with traction bronchiectasis and bronchiolectasis. Mild honey combing is seen in the lingula. Airways are grossly patent. No pleural effusion. No significantly enlarged mediastinal lymph nodes. Main pulmonary artery is mildly dilated measuring 34 mm in diameter. The visualised portions of the upper abdomen are unremarkable except for known fatty infiltration of the pancreas. CONCLUSION -The findings are suspicious for non-specific interstitial pneumonia pattern with slight interval improvement of the ground glass changes since the previous scan. Other findings are stable. -Mildly dilated pulmonary artery. Images were reviewed with Dr.Ng Yuen Li. May need further action Finalised by: <DOCTOR>

Accession Number: 902a49d24381efbb23c53523ad4c2f1596ceea4541eab158c30e3981a2f0c9ab

Updated Date Time: 23/1/2015 17:56

## Layman Explanation

The scan shows some changes in your lungs, which are consistent with a condition called non-specific interstitial pneumonia. This condition causes inflammation and scarring in the lungs.   
  
Since your previous scan, the severity of the inflammation has slightly improved. However, there are some other changes that remain stable, including scarring and enlarged airways in the lower parts of your lungs.   
  
The scan also shows that your main blood vessel to the lungs is slightly wider than normal.   
  
The scan did not show any fluid in the lungs or any enlarged lymph nodes.

## Summary

## Radiology Report Summary  
  
\*\*Image Type:\*\* High Resolution Computed Tomography (HRCT) of the Chest  
  
\*\*1. Diseases Mentioned:\*\*   
  
\* \*\*RA/ILD:\*\* The patient has a history of Rheumatoid Arthritis (RA) and Interstitial Lung Disease (ILD).  
\* \*\*Non-specific interstitial pneumonia pattern:\*\* The report suggests a possible diagnosis of non-specific interstitial pneumonia based on the observed findings.   
\* \*\*MMF:\*\* The patient is on medication called Mycophenolate Mofetil (MMF), a drug commonly used to treat autoimmune diseases like RA and ILD.  
  
\*\*2. Organs Mentioned:\*\*  
  
\* \*\*Lungs:\*\*   
 \* \*\*Bilateral Ground glass opacities:\*\* These are areas of increased density in the lungs, often seen in inflammatory conditions like ILD.  
 \* \*\*Peripheral scattered reticular opacities:\*\* These are linear or reticular densities, suggesting a possible fibrotic component in the lung tissue.  
 \* \*\*Patchy scarring:\*\* Areas of scarring in the lower lobes are noted.  
 \* \*\*Traction bronchiectasis and bronchiolectasis:\*\* These indicate dilation of the airways due to scarring and traction.  
 \* \*\*Mild honeycombing:\*\* This refers to a characteristic pattern of air trapping and fibrosis in the lungs, often seen in advanced ILD.  
 \* \*\*Airways are grossly patent:\*\* The airways are open and not significantly obstructed.  
\* \*\*Pleura:\*\* No pleural effusion (fluid accumulation in the space between the lungs and chest wall) is observed.   
\* \*\*Mediastinum:\*\* No significantly enlarged mediastinal lymph nodes (lymph nodes in the chest cavity) are detected.  
\* \*\*Pulmonary artery:\*\* The main pulmonary artery is mildly dilated, measuring 34 mm in diameter.  
\* \*\*Pancreas:\*\* Known fatty infiltration of the pancreas is noted.  
  
\*\*3. Symptoms or Phenomena Causing Concern:\*\*  
  
\* \*\*Progression of ILD:\*\* The report mentions assessment for progression of ILD, suggesting previous findings and a need to monitor its development.  
\* \*\*Mildly dilated pulmonary artery:\*\* While not severe, this could indicate potential increased pressure within the pulmonary circulation, possibly related to the ILD.  
\* \*\*Non-specific interstitial pneumonia pattern:\*\* The report highlights suspicion of this pattern, which could suggest potential progressive lung disease.  
\* \*\*Need for further action:\*\* The report states that further action may be necessary, implying a need for further investigation or treatment.  
  
\*\*Overall:\*\* The report indicates a possible diagnosis of non-specific interstitial pneumonia in a patient with pre-existing RA and ILD. While there is some improvement in the ground glass opacities since the previous scan, there are still concerns about the progression of the disease. Further action may be necessary to manage the patient's condition.