



Wollongong  
Phone 42269711

**Referred By:**

Dr Christopher Brereton  
ILLAWARRA SLEEP MEDICINE CTR  
47 KENNY STREET  
WOLLONGONG NSW 2500

**Mr John McMullen****DOB:** 05 April 1938**Patient ID:** IBE242Z**Visit Number:** 17348529**Service Date:** 12 June 2025 14:57**Copies To:**

Dr Emilija Sokolovska

**Visit Description:** HRCT CHEST**CT CHEST****CLINICAL NOTES:**

Dyspnoea on exertion, ? Parenchymal lung disease

**TECHNIQUE:**

non-contrast HRCT protocol including prone and expiratory series.

**COMPARISON SCAN:**

None available

**FINDINGS:**Lungs:

No suspicious nodule or mass. No complex collapse consolidation. There is some interlobular septal thickening laterally and inferiorly in each lower lobe more marked on the right. There is some similar interlobular thickening medial and anteriorly in the left lower lobe. Right lateral base shows some suspected associated bronchiectasis suggesting that this represents some mild basal interstitial fibrosis. There is no honeycombing.

Large Airways:

The central tracheobronchial tree is patent with no endobronchial lesion. The distal large airways are normal with no bronchial thickening or bronchiectasis.

Pleura:

No pleural effusion or thickening.

Heart and Pericardium:

No pericardial effusion or thickening. Previous TAVI noted. There is calcification relation to the native coronary arteries. Previous CABG noted.

Mediastinum and Hila:

No mediastinal mass. No enlarged lymph nodes by standard size criteria.

Upper Abdomen:

The visualized upper abdominal viscera are unremarkable.

Osseous Structures and Chest Wall:

No aggressive bony or soft tissue lesion.

**COMMENT:**

Some mild lateral basal interlobular septal thickening with some suspected associated early bronchiolectasis evident on the right. Appearances suggest some mild non-specific interstitial fibrosis.  
Otherwise clear lung fields.

**Reported by:** Dr Mark Chapman

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