

<b>Patient Name:</b>	MAGNUSON, Thomas	<b>Accession Number:</b>	2023WP0012579
<b>Patient ID:</b>	K83469	<b>Requested Dates:</b>	April 14, 2023 09:05
<b>Gender:</b>	Male	<b>Report Status:</b>	Final
<b>Date of Birth:</b>	October 21, 1985	<b>Requested Procedure:</b>	2023WP0012579-1
<b>Home Phone:</b>	CP 0417680246 NET Internet thom.ma	<b>Procedure Description:</b>	CT Chest
<b>Referring Physicians:</b>	Patil, Sushrut Patil, Sushrut	<b>Modality:</b>	CT
<b>Organisation:</b>	RWP		

## **Findings**

**Reporting MD:** Landers, Steve  
**Dictation Time:**  
**Transcriptionist:** Not available  
**Transcription Date:**

### CT CHEST

Clinical Information:  
AlloSCT 2013 for ALL. Chronic pulmonary GVHD.  
Pneumomediastinum last CT January 2023. ? resolution.

Comparison:  
Comparison is made to the previous CT performed 24/01/2023.

Findings:  
The previously demonstrated pneumomediastinum, and pockets of gas in the base of neck have resolved. Stable extensive bronchiectasis predominantly abutting onto the mediastinum, and subpleurally. Subpleural cystic change. The appearances are unchanged in degree, and distribution compared to previous imaging.  
No ground-glass attenuation, consolidation, or significant collapse.  
No significant pleural, or pericardial fluid collection. No significant intrathoracic adenopathy. Small gallbladder calculus in the fundus. No pericholecystic fluid. Normal structural appearances of the partially visualised upper abdominal visceral organs.  
No focal destructive osseous lesion.

Conclusion:  
Stable extensive bronchiectasis, and subpleural cystic changes.  
The pockets of subcutaneous gas in the base of neck, and pneumomediastinum have resolved since previous imaging. No ongoing pneumomediastinum.

Reported by:

Dr Steve Landers  
Radiologist  
FRANZCR

## **Relevant Clinical Information**

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