

**Referring Practitioner:**  
**Dr Carmel HICKEY**  
**Eacham Medical Centre**  
**17 Catherine Street**  
**MALANDA QLD 4885**

**Patient Name:**

**Ann PIERSON**

31 Wattle Street,  
WALKAMIN QLD 4872

Date of Birth: 18-11-1953

Patient Id: 8007014

**Date of Service:** 12 June 2024 **Report Date:** 14 June 2024 **Report ID:** 9194983

Radiology Report

**Examination:**

CT Chest

**Clinical History:**

Follow-up CT CA September 2023. Multifocal small areas of pulmonary opacifications.

**Technique:**

Post contrast helical CT chest.

**Findings:**

Several small ill-defined irregular nodular lesion again demonstrated bilaterally, predominantly affecting right lung involving upper middle and lower lobes. They measure up to 5 mm and peribronchovascular in distribution. There noncalcified nodules. Left lung is also affected.

No large consolidation seen. Several thin linear opacities at the bases likely suggest subsegmental atelectasis. Minor subpleural reticular lung markings also seen at the bases which may be associated with minor degree of interstitial fibrosis or dependent related changes ; no obvious honeycombing seen.

Minor discrete areas of centrilobular emphysema suspected. No significant bronchiectasis. Some of the subsegmental bronchi wall are slightly prominent, may suggest minor degree of inflammation. No significant mucus plug seen. No obvious endobronchial lesion in major branches.

No size significant supra clavicular, mediastinal or axillary lymphadenopathy seen. Pulmonary trunk is not dilated. Ascending aorta measures 27 mm. No pleural or pericardial effusion.

Visualised upper abdominal viscera are unremarkable.

No sinister osseous finding. Multilevel moderate degenerate changes in thoraco lumbar spine.

Impression:

Several small peribronchovascular distribution irregular ill-defined nodules again demonstrated as stated above. Most likely infective or inflammatory pathology. Further follow-up in 6-12 months recommended to assess their stability or resolution. No other sinister lung finding or lymphadenopathy seen. Other findings as mentioned.

Electronically dictated by: Dr S Sarma FRANZCR on 14/6/2024 3:07 PM

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**Rural Medical Imaging - Mareeba**

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mGy.cm, total effective dose = 1.1 mSv.

Findings: Normal origin and proximal course of the coronary arteries; right dominant circulation. A good quality study has been achieved.

LM - No disease.

LAD - Type III vessel, no disease.

D1 - Moderate calibre vessel, no disease.

D2 - Moderate calibre vessel, no disease.

LCx - Non-dominant vessel, no disease.

OM1 - Large calibre vessel, no disease.

RCA - Dominant vessel, no disease.

PDA - Moderate calibre vessel, no disease.

PLSA - Moderate calibre vessel, no disease.

OTHER: Normal cardiac chamber sizes. No valvular calcification. Normal aortic root (27 x 27 x 26 mm) and ascending aortic (27 x 27 mm) dimensions.

A separate review of the extra-cardiac findings on this study has been performed by the reporting Radiologist. The coronary, great vessel and cardiac structures have been reviewed by the reporting Cardiologist.

Extra-Cardiac Findings: There are multiple small foci of opacification in a peribronchovascular distribution, with foci noted in the right middle, right lower and left lingular lobes. Band like atelectasis at the lung bases bilaterally.

Conclusion:

Calcium score of 0 at 0 centile for matched subjects (MESA data)

Implies very low, <1% 10 year risk of future cardiac events

Normal coronary anatomy

No coronary artery disease

Multifocal small areas of pulmonary opacification in a peribronchovascular distribution. These may be infective/inflammatory, however, a dedicated CT chest in 2-3 months is recommended.

ANN J PIERSON ( 18/11/1953 )