# Row 10005

Visit Number: aaa74f9be31d212ad2c1ba41297a31d80d1526adb1004047fc5d9de624bbf719

Masked\_PatientID: 10005

Order ID: 9c6f01c4ca78dec00a28eedb47b18a1711122dbe26f9add488be5fadd6d20e91

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/12/2017 18:10

Line Num: 1

Text: HISTORY hemoptysis + chest pain TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Iopamiro 370 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. The prior chest radiograph dated 24 Nov 2017 was reviewed. No suspicious pulmonary nodule, cavitating lesion, consolidation or ground-glass opacity is detected. No pleural effusion is present. Minimal linear scarring/atelectasis are noted at the middle and basal left lower lobe. No bronchiectasis, emphysema, interstitial fibrosis is noted. The major airways are patent. The mediastinal vessels opacify normally. There are no enlarged bronchial arteries. Minimal atherosclerotic calcifications are noted in the normal calibre of the thoracic aorta. The heart is mildly enlarged and the right sided chambers appear more distended than the left, with distension of the IVC. A sliver of pericardial effusion is seen. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. A vague 7 mm hypodensity is noted at the right lower lobe of the thyroid gland (se 5/12). The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. No ominous mass or infective changes noted in the lungs. There is no bronchiectasis noted. 2. Other minor findings as described. Known / Minor Reported by: <DOCTOR>

Accession Number: 382e44fe2ef4678ca8ab721899f937d4ad96e37f77facefac267c2f16128dfed

Updated Date Time: 12/12/2017 13:30