# Row 10132

Visit Number: f749220e528f9df46fd0c25900703bfb4150d8e71a086c6f58b534496c090327

Masked\_PatientID: 10132

Order ID: d362e3777fd0171ee908c3db8e50944bb01111d301c072a4fac26f0a22896215

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/12/2015 10:12

Line Num: 1

Text: HISTORY Anaemia for evaluation; PR bleed for x 2/52, Hb 6.1. OGD/colonoscopy showed suspicious lesion in colon. a/w histology. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CT scan of 21.12.15 and 2.9.13. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. Sternal sutures are present. There is ground glass opacity and patchy areas of atelectasis in left lower lobe, a nodule appearance in the lateral part of left lower lobe(image 401-53). This changes maybe due to infection. There is a stable 3mm faint opacity in left upper lobe, image 401-59. There is a stable 5mm opacity in right lower lobe, image 401-59. No pleural effusion is present. The limited sections of the upper abdomen in the arterial phase are unremarkable. There is a stable T6 low attenuation area with punctate opacities likely due to a haemangioma. CONCLUSION Left lower lobe ground glass opacities and patchy atelectasis likely due to infection. Stable subcentitmetre opacites in right lower lobe and left upper lobe. T6 vertebra low attenuation area with punctate opacities likely due to haemangioma. May need further action Finalised by: <DOCTOR>

Accession Number: 6dac43ad88d77b77cfa455797d43053082256204bf9c21d8acf411835832979f

Updated Date Time: 22/12/2015 11:16