# Row 10825

Visit Number: 8609d1d2b7e7118ca341700fa91ff27351ac82c13d4d5ce9051ffebdc9c94780

Masked\_PatientID: 10824

Order ID: 54da4218c34b80ee6f1e413a1394b2c51f2276d09489ce62c798ae2563f7c960

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 26/4/2018 16:07

Line Num: 1

Text: HISTORY persistent hemoptysis and cough TB smear x 2 : negative, TB PCR: negative TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGSThere are no prior relevant scans available for comparison. The chest radiograph of 23 April 2018 was reviewed. There is patchy consolidation in bilateral upper lobes, middle lobe and right lower lobe. There are also areas of ground-glass opacification with interstitial thickening in bilateral upper lobes. These are probably infective. Peripheral centrilobular nodularity in the right upper lobe, middle lobe and right lower lobe, as well as a 0.6 cm perifissural nodule in the leftupper lobe (im 6-23) are also probably infective. There is a moderate-sized right and small left pleural effusion. Prominent paratracheal, aortopulmonary and right hilar lymph nodes are probably reactive. No significantly enlarged axillary or supraclavicular lymph node is seen. Median sternotomy wires are present. The heart is mildly enlarged. No pericardial effusion is seen. The mediastinal vessels opacify normally. The limited sections of the upper abdomen in the arterial phase are unremarkable. No destructive bony process is seen. CONCLUSION 1. Patchy consolidation with ground-glass opacification, interstitial thickening and nodularity in both lungs, worst in the right upper lobe, probably infective. Bilateralpleural effusions, moderate sized on the right. 2. Prominent mediastinal and right hilar lymph nodes, probably reactive. May need further action Reported by: <DOCTOR>

Accession Number: 90e0173df1b3e8cba9ab6299e94e23136e2bab96a3dcea206bcc0f4faae7596c

Updated Date Time: 26/4/2018 17:29