# Row 10885

Visit Number: c10f77640b7a9e90752020f6a7e1a073b2dc9643cb6c5cbff175e58c1b2da4aa

Masked\_PatientID: 10867

Order ID: c32646b56bc7397bd7ba5e22678c9850454e318fdea157e1014328f52e25caab

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/9/2017 12:18

Line Num: 1

Text: HISTORY DLBCL with CNS involvement post auto SCT m now havign worsening pain over the neck m shoulder and right LL ? disease progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Previous CT thorax, abdomen and pelvis dated 11 December 2016 was reviewed. THORAX Previously noted filling defect in the left lower lobe segmental branches is no longer evident and has presumably resolved. Theheart is normal in size. Coronary artery calcifications are present. No pleural or pericardial effusion. No enlarged supraclavicular, hilar, axillary or mediastinal lymph node is detected. No suspicious pulmonary nodule or consolidation is detected. Linear scarring is seen in the left lung. The central airways are patent. ABDOMEN AND PELVIS No focal suspicious hepatic lesion is detected. A tiny stable subcapsular calcified granuloma is in the right lobe. Portal and hepatic veins are patent. The biliary ducts are not dilated. The gallbladder, pancreas, adrenal glands and spleen are unremarkable. Bilateral renal cortical scarring is noted. Tiny hypodensities in both kidneys are too small to accurately characterise but possibly represent small cysts. Bilateral renal parenchymal and calyceal calculi are largely stable from before. There is no hydronephrosis. The partially distended urinary bladder is unremarkable. The uterus shows no gross abnormality. No adnexal mass is seen. The small and large bowel loops are normal in calibre. No ascites is present. There is no enlarged intra-abdominal or pelvic lymph node. No destructive bone lesion is seen. CONCLUSION 1. No lymphadenopathy isseen above or below the diaphragm. 2. Previously noted left lower lobe filling defect suggestive of a pulmonary embolus is no longer evident and has presumably resolved. Known / Minor Vimbai Chekenyere , Senior Resident , 16498DFinalised by: <DOCTOR>

Accession Number: 3bd6579ea713cc3cc15be9e93a543834add2714f41c5297271c69355f045a6ba

Updated Date Time: 29/9/2017 14:28