# Row 10911

Visit Number: 03511cfc9ee7ed58925b094efcbd191138c8fcbf64b80ccea99702cc088b77d3

Masked\_PatientID: 10909

Order ID: 8efba38cb2b869766ad2d277c47e69116abb6dca0031ea02c47711794d54e6de

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 14/11/2019 14:36

Line Num: 1

Text: HISTORY WM transformed to DLBCL s/p #3 RCHOP for evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 75 FINDINGS Comparison to PET-CT of 11 September 2019. No significantly enlarged thoracic, abdominal or pelvic node. New extensive predominantly centrilobular nodularity in bilateral lungs, with patchy consolidation/ground-glass change worse in the middle lobe and left lower lobe. Consolidation in the middle lobe is superimposed on previously noted bronchiectasis. Findings favour infection/inflammation. No cavitation. Stable nonspecific 0.5 cm right lower lobe nodule (series 6/65). Central airways are patent. No pleural effusion. No pericardial effusion. Moderate coronary artery calcification. Thoracic aorta is normal in calibre. Sliding hiatus hernia. Thyroid is grossly unremarkable. Grossly stable mild splenomegaly at 13.1 cm in craniocaudal dimension (series 12/33). No suspicious hepatic lesion. Tiny left lobe punctate calcification (series 8/23) is likely a granuloma. Gallbladder, biliary tree, pancreas, spleen and adrenals are unremarkable. Tiny right renal upper pole hypodensity is too small to characterise. Nohydronephrosis. Urinary bladder shows smooth outline. Stable small urachal remnant with tiny calcification. Prostate is enlarged and indents upon the base of the urinary bladder. Bowel loops show normal calibre. Appendix is normal. No ascites. Abdominal aorta is normal in calibre. No destructive bone lesion. Stable posterior thorax subcutaneous lipoma. CONCLUSION Since the PET-CT of 11 Sept 2019, New extensive predominantly centrilobular nodularity in bilateral lungs, with patchy consolidation/ground-glass change worse in the middle lobe and left lower lobe. Findings favour infection/inflammation, predominantly small airways with patchy parenchymal changes. No cavitation or pleural effusion. No significantly enlarged thoracic, abdominal or pelvic node. Stable mild splenomegaly. Findings were relayed to Dr Ong Shin Yeu by Dr Keefe Lai on 15 Nov 2019, 955AM. Readback was performed. Report Indicator: Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 705ba24e9da5b5090ceceae4ec290e86e3376148c0e50ed281ff3af69f171582

Updated Date Time: 15/11/2019 10:02