# Row 10995

Visit Number: de7c8b7061b6fddfd8de6bd5b59d26edea9e4ee0b1a77a3279af754dee30cd48

Masked\_PatientID: 10960

Order ID: b70f5c62edf94c0191735f393d455f754a9a51fe368e1c09e17906d308cd90ce

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/4/2019 13:34

Line Num: 1

Text: HISTORY ?persistent right LZ consolidation \ pleural effusion Fever with productive cough TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous CT chest dated 11 Oct 2018 was reviewed. Small bilateral pleural effusions, slightly larger and mildly loculated on the right. No overt pleural thickening\enhancement is observed. Fluid is also observed in the pulmonary fissures. Diffuse smooth interlobular septal thickening, as well as mild peribronchial thickening particularly in the lower lobes suggest interstitial congestion. There is compressive atelectasis in the lung bases as well as a more focal nodular area of atelectasis in the right lower lobe laterally (401\70, 405\39). Background emphysematous changes predominantly in the upper lobes. Small amount of dependent debris within the trachea and left main bronchus. No suspicious pulmonary mass in the aerated portions of the lungs. Again there are several prominent to mildly enlarged supraclavicular and mediastinal lymph nodes, generally decreased in size. For e.g., a right paratracheal lymph node has decreased in size from 1.5 cm to 1.0 cm (402\32 vs prior 7\30). A subcarinal node has also decreased in size from 1.3 cm to 1.1 cm (402\49 vs prior 7\44). Prominent hilar lymph nodes have decreased in size, for e.g. from 1.5 cm to 1.1 cm on the right (402\53 vs prior 7\51). Tip of the central catheter is in the right atrium. Heart is enlarged. Mediastinal structures opacify satisfactorily. There is coronary arterial disease. No significant pericardial fluid. Imaged thyroid gland is unremarkable. Limited sections of the upper abdomen are grossly unremarkable. There is no destructive bony lesion. CONCLUSION Since CT dated 11 Oct 2018: 1. Small bilateral pleural effusions, slightly larger and mildly loculated on the right. No overt pleural thickening\enhancement. Nevertheless, please correlate clinically for the possibility of empyema. 2. Overall pulmonary findings can be compatible with interstitial congestion secondary to a fluid overload state. There is also cardiomegaly. No convincing pulmonary consolidation in the aerated portions of the lungs. 3. General decrease in size of multiple prominent\mildly enlarged supraclavicular, hilar and mediastinal nodes, possibly reactive in nature. 4. Other findings as described above. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 558568faa78846cc3c4393793991f8166a3cbc41bcd1e78812f511fc37d38a66

Updated Date Time: 17/4/2019 14:32