# Row 11120

Visit Number: 0a5b44ece936efa73cc1ab12dd5417a0eb5c1b707deb8f9d04f4ff998d976f47

Masked\_PatientID: 11114

Order ID: 68453344817eb054af4d08913564e88f84faf80fae7ec3fa822441bcf777da3a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/2/2017 9:42

Line Num: 1

Text: HISTORY bg klatskin's 3a cx by obstructive jaundice s/p L PTC 12/2 cx acute pancreatitis KIV for op for CT thorax and bone scan to complete staging/inform plans for op/treatment TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS CT abdomen done on 15 February 2017 was reviewed. 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. No pulmonary nodule, consolidation or ground-glass opacity is detected. Small amount of pleural effusions are noted bilaterally. Multiple subsegmental atelectasis is noted in bilateral lower lobes and lingula. The limited sections of the upper abdomen in the arterial phase demonstrate uncomplicated gallstones, peripancreatic fat stranding and partially imaged exophytic left renal cyst. Biliary drainage catheter is noted along the left lobe. Few tiny subcentimetre hypodensities in the liver are too small to characterise. The celiac axis is dilated (14 mm in diameter). No destructive bony process is seen. CONCLUSION No evidence of pulmonary metastasis. Known / Minor Finalised by: <DOCTOR>

Accession Number: 459d0552b2c3de32221ff1dbe7e21e17541c9ca74125c94abd789286b09e4d8d

Updated Date Time: 17/2/2017 11:06