# Row 11289

Visit Number: 7f2f2c8e6df85d39a747914c196b0e3fb4341d25632036d0b9a984722edfd72c

Masked\_PatientID: 11282

Order ID: 7515489191c903621120239ed50cafb3541222e4b5d6240849b6c15c5e6cd05f

Order Name: CT Chest, High Resolution

Result Item Code: CTCHEHR

Performed Date Time: 04/10/2018 16:16

Line Num: 1

Text: HISTORY Patient with persistent SOB and low sats, b/g ca breast. Repeat CXR today shows worsening bilateral consolidation and pulmonary congestion, TRO lymphangitis carcinomatosis. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison is made with the prior examination 19 September 2018. There is increasing ground-glass change in both lungs particularly at the upper lobes. This is associated with some loss of volume andareas of patchy consolidation. Ground-glass changes are also seen in the lower lobes. There is minimal interlobular septal thickening at the apices of both upper lobes. The bilateral pleural effusions show an increase particularly on the left. No overt enlargement of the mediastinal lymph nodes is demonstrated. Enlarged right axillary lymph nodes are present. Multiple hypodense nodules at the liver are compatible with those due to metastatic deposits. Multiple sclerotic bony metastatic deposits are identified. CONCLUSION Bilateral pulmonary changes have worsened since the prior examination with extensive ground-glass change in both lungs. The distribution of the lung changes do not conform with that of a lymphangitis carcinomatosis. The current lung changes are in keeping that of a pneumonitis. A drug-related aetiology is again favoured. An infective aetiology should be clinically excluded. May need further action Finalised by: <DOCTOR>

Accession Number: 96f22f1b8891a082eddf354be4da0fb52b0d6452617098a1639d18601ccd12ad

Updated Date Time: 04/10/2018 16:49