# Row 11378

Visit Number: cfe2f024a668fcafe46a5e4ddb28d5005c8d5754ebd9dd9ed9d71a9101684d98

Masked\_PatientID: 11375

Order ID: cb298e738882d67ef06a4d8830b84c6632f1092e49a16c0f6224e3050898fad4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/4/2016 20:49

Line Num: 1

Text: HISTORY Left lung mass with new left sided pleural effusion KIV for lung biopsy To reassess for mass lesion in left lung TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT dated 02/04/2016 was reviewed. There are multiple stable, prominent and borderline lymph nodes in the prevascular, aortopulmonary, paratracheal and hilar nodal stations. These are likely reactive. There is cardiomegaly and evidence of previous bypass surgery. No pericardial effusion is detected. The main pulmonary trunk is enlarged 3.5 cm stable from previous. Stable linear band-like density in the posterior segment of the right upper lobe associatedwith tiny calcified foci, volume loss and architectural distortion is likely due to scarring from previous granulomatous disease. The mass-like consolidation with peripheral calcifications in the left upper lobe. has decreased in size from 3.9 x 2.9 cm to 2.7 x 2.7 cm. (6/33). There is interval increase in number of nodular subpleural thickening along the oblique fissure, possibly inflammatory in nature. The left pleural effusion has increased in size and is associated with pleural thickening and enhancement. There is associated with compressive atelectasis of the left lower lobe. There is interval reduction in size of the loculated left apical pleural effusion (07/16, previous 9/23). The major airways are patent. The included upper abdomen shows subcentimetre hepatic hypodensities. The right adrenal nodules are stable since 2012 and are likely benign. The partially imaged right kidney shows multiple cystic lesions. The pancreas shows a 0.7 cm cyst (4/109)cyst at the uncinate process. The main pancreatic duct is not dilated. No destructive bony lesion is seen. CONCLUSION 1. Interval decrease in size of the mass like consolidation with peripheral calcifications in the left upper lobe; probably infective. 2. Interval increase in subpleural nodules along the left oblique fissure may be post inflammatory. 3. Linear density in the right upper lobe with consolidation and volume loss is likely due to previous granulomatous disease. 4.Interval increase in left pleural effusion with pleural enhancement, while there is interval decrease in the left apical loculated effusion. 5. Right adrenal nodules stable since 2012; probably benign. 6. Cystic structure in the pancreas; likelycystic neoplastic lesion. 7. Right renal cysts of the partially imaged kidney. May need further action Reported by: <DOCTOR>

Accession Number: 99591ab1d419e92f22784d3d88a00b40a36924cb5d2fdef955157c90b6e44e94

Updated Date Time: 13/4/2016 11:08