# Row 11448

Visit Number: 3d97b33ac94ecacb415e41043aff7390ae2ee0a9598b6674bb4cfdfc22ec04ab

Masked\_PatientID: 11443

Order ID: 1945270920ce1e6efe0938e245d021ce20eeb94b4151d37e40f442a47ebb8883

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/5/2017 17:25

Line Num: 1

Text: HISTORY right sided pleural effusion. cxr reports mass like consolidation. also has intradialytic hypotension. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior CT abdomen-pelvis (11 Mar 2015) and CT thorax (29 Sep 2015) were reviewed, as were serial chest radiographs between 16 Feb 2016 and 27 May 2017. There are moderate pleural effusions bilaterally; the effusion on the left is a new finding, while the right effusion is unchanged in size since September 2015. Smooth pleural thickening with internal septa on the right side are noted again. The partially collapsed right lower lobe shows oval morphology and is located adjacent to the thickened pleura. Pulling of the bronchovascular structures is not clearly depicted, presumably due to its proximity to the right hilum, but the overall appearance and interim stability since September 2015 favours a round atelectasis. No suspicious lesion is detected in the aerated lungs. The loculated and moderate-sized pericardial effusion is worse on the right side of the heart. Prominent bilateral supraclavicular, axillary and mediastinal lymph nodes are larger since September 2015. However, fatty hilum is still preserved. These are likely reactive in nature. Nodular hepatic contour is consistent with known hepatic cirrhosis. Embolisation coils are noted in the right hepatic lobe. There are loculated collections without ri-enhancement at the gastrosplenic ligament and along greater curvature of stomach; these are worse since CT of March 2015. Chronic healed left 4th rib fracture is noted. There is no aggressive bone lesion. CONCLUSION Changesin the right lower lobe favour round atelectasis; unchanged since September 2015. There is no suspicious pulmonary lesion. There is moderate and loculated pericardial effusion. Bilateral moderate pleural effusions are seen; the effusion on the left is a new finding. Changes of the right pleural effusion are largely unchanged since September 2015. Loculated fluid along greater curvature of stomach and gastrosplenic ligament is worse since September 2015. May need further action Reported by: <DOCTOR>

Accession Number: 2f9efa9cff4b434b0d1c05f2a35bbc3cfa8b79e70c915a48fd3013eff0c98ce8

Updated Date Time: 31/5/2017 8:00