# Row 11482

Visit Number: 0385b5d86e2ad6fc5c3382ebf4500f0e8f555b254801bd6a358d2164fbe3d8c2

Masked\_PatientID: 11480

Order ID: 9477deb4d2dd7529c7b84be5a61c4531eac717ff7e6e29be58f1a3c46f121a50

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/10/2017 13:01

Line Num: 1

Text: HISTORY L sided blunting with retrocardiac hazziness still present on CXR after 2 months TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The chest radiographs dated 11 June and 10 August 2017 were reviewed. The basal segments of the left lower lobe are supplied by a large artery arising from the anterior aspect of the descending thoracic aorta at the level of T9. This artery measures 1.6 cm in diameter. The venous drainage is normal, being via the left inferior pulmonary vein. These findings are consistent with (intra-lobar) bronchopulmonary sequestration. Increased opacity in the basal segments of the left lower lobe may be due tothe systemic arterial supply. No air-space consolidation or nodule is seen to suggest active infection. The retro-cardiac opacity seen on CXR probably represents the abnormal systemic artery. The left upper lobe and superior segment of the left lower lobe are supplied normally by the left pulmonary artery. No pleural effusion is detected. The blunting of the left costophrenic angle seen on CXR represents pleural thickening. There is no evidence of active infection. Mild scarring is noted in the lingula and middle lobe. No enlarged lymph node is detected. A small hypodense nodule is seen in the lobe of the thyroid gland. Limited sections of the upper abdomen show two subcentimetre foci of calcification in segment 7 of the liver, probably representing dystrophic calcification. A subcentimetre hypodense lesion is adjacent to one of the calcified foci. This may represent a cyst. CONCLUSION There is bronchopulmonary sequestration of part of the lower lobe of the left lung. No evidence of active pulmonary infection is identified. The retrocardiac opacity seen on CXR probably represents the abnormal systemic artery. Pleural thickening accounts for the blunting of the left costophrenic angle seen on CXR. May need further action Reported by: <DOCTOR>

Accession Number: 3531a497a12375fc0151e96f9b190bbb504e5b5ca99e04a8b639cea8c657422f

Updated Date Time: 10/10/2017 15:11