# Row 11512

Visit Number: f24292bf66962438b4747c2545c653d98c86939acb3de3d14d3f6fb948968450

Masked\_PatientID: 11490

Order ID: d842cf4c97c87e60687ed405f493c1cbfbee4263bad7ef077469da6e60cfb881

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 30/6/2020 9:28

Line Num: 1

Text: HISTORY Persistent right pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 60 FINDINGS Comparison to CT chest of 12 June 2020. CT guided drainage of 25 June 2020 is noted. Interval insertion of large bore right chest drain. Previous right chest drain is still in situ. Grossly stable large right pleural effusion, save for new gas pockets within it likely drain related. Thin right pleural enhancement likelydue to chronicity. Interval increase in left pleural effusion, now large. No pulmonary arterial filling defect to suggest embolus. Pulmonary trunk is not enlarged. Severe coronary artery calcification. No pericardial effusion. Occluded/near-complete occluded right subclavian vein stent (series 5/25, 31219/43). Stenosis at the confluence of the superior vena cava and the brachiocephalic veins. Multiple collaterals in the neck, right chest wall, mediastinum and upper abdominal wall, with resultant arterial enhancement of hepatic segment 4B. No grossly enlarged thoracic node. Prominent mediastinal nodes are possibly reactive. Passive atelectasis of the right lung. Stable nonvisualisation of the posterior segment bronchus of the right upper lobe, of uncertain significance. Few tiny nodules in the aerated left upper lobe and lingula are nonspecific, for example left upper lobe se 4/30. Upper oesophageal varices due to SVC obstruction. Thyroid is grossly unremarkable. Bilateral renal hypodensities likely cysts. Bilateral nonobstructing caliceal calculi. Uncomplicated gallstones. Prominence of the left adrenal, nonspecific possibly due to hyperplasia. No destructive bone lesion. Diffuse subcutaneous stranding likely due to third space losses. CONCLUSION Interval insertion of large bore right chest drain. Previous right chest drain is still in situ. Grossly stable large right pleural effusion, save for new gas pockets within it likely drain related. Thin right pleural enhancement likely due to chronicity. Interval increase in left pleural effusion, now large. Occluded/near-complete occluded right subclavian vein stent. Stenosis at the confluence of the superior vena cava and the brachiocephalic veins. Multiple collaterals in the neck, right chest wall, mediastinum and upper abdominal wall, with resultant arterial enhancement of hepatic segment 4B. Upper oesophageal varices due to SVC obstruction. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 8034568b12d59dc05d2ad9290ddcd5962301ce4fbe268a227a2f2172bd8d7821

Updated Date Time: 30/6/2020 10:32