# Row 11542

Visit Number: edfda01b2e9dc117e768ce579819d892b3d10650533d12cd424979916b5a2434

Masked\_PatientID: 11542

Order ID: c402069f528820e0850e09efbaeda0c1e4e7ff4646dbc55c4a97e0d05b094c1c

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 05/8/2015 17:49

Line Num: 1

Text: HISTORY SOB for investigation, treating as per infective cause Need TRO PE Well's score 12.5; Metastatic NPC on LBD-RAD001 trial TECHNIQUE Scans of the thorax were acquired in the arterial phase as per protocol for CT pulmonary angiogram after administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 60 FINDINGS Prior CT dated 10 July 2015 was reviewed. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The cardiac chambers and mediastinal vessels show normal contrast enhancement. No suspicious pulmonary nodule, mass or consolidation is seen. Atelectasis is noted in the lower lobes bilaterally. There is background centrilobular emphysema, worse in the upper lobes. Right apical bulla is noted. Small volume pretracheal lymph node is noted (0.7 x 0.7 cm, 04-33). Enlarged left hilar lymph node is noted (1.2 x 0.9 cm, 04-1956), increased in size from before. Moderate right and small left pleural effusions are increased from before. The heart is normal in size. Moderate pericardial effusion is now noted. Bilateral cervical lymphadenopathy is noted. Left axillary lymph nodes have increased in size since prior study (largest 0.9 x 0.9 cm, 4-23). There are multiple hypodense rim enhancing lesions in the included liver, representing metastases. These have increased in size and numbers since the previous study. A small amount of fluid is noted around the liver and spleen. Extensive sclerotic osseous metastases in the axial and appendicular skeleton are again noted. CONCLUSION Since prior CT of 10 July 2015, 1. No pulmonary embolism is noted. 2. Interval increase in lefthilar and left axillary lymphadenopathy. 3. Moderate right and small left pleural effusions, increased from before. 4. Moderate pericardial effusion. 5. Interval increase in number and extent of bilobar hepatic metastases. 6. Extensive skeletalmetastases are again noted. May need further action Finalised by: <DOCTOR>

Accession Number: 0eece5a730466dd39b78fd96500adffa03501a3af00022f0397cfe3f8094c2b7

Updated Date Time: 05/8/2015 19:14