# Row 11551

Visit Number: 0177df3318c8c320e2f96ad555fa0e5ef44354a36e7ef8a35c878cdf3e84e0ab

Masked\_PatientID: 11547

Order ID: b0ab43e7c93c975ec79990405d9f9927b646404fa8d4c1703c4fef1200619568

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/9/2018 17:28

Line Num: 1

Text: HISTORY Sepsis due to CAP b/g immunosuppression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT available. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. Heart size is not enlarged. No pericardial or pleural effusion. The tip of the ETT measures 50 mm from the carina. Right central line tip is in the SVC. Diffuse and patchy ground-glass changes with scattered consolidation are seen in both lungs with no zonal predilection. No lung abscess or empyema noted. No ominous mass or sinister nodule is noted. Small foci of paraseptal emphysema are noted in the left lung apex. No overt interstitial fibrosis or bronchiectasis. Major airways are patent. Limited sections of the upper abdomen in arterial phase show a partially imaged low density focus posterior to the pancreatic head measuring at least 23 x 12 mm. No pancreatic duct dilatationor peripancreatic stranding noted. Feeding tube is seen beyond the gastric body. No destructive bony lesion is seen. CONCLUSION 1. Patchy ground-glass-consolidative changes are likely infective. No abscess or empyema. 2. No ominous mass noted in the thorax. 3. Incidentally partially imaged low density focus posterior to the pancreatic head. This may be evaluated on CT pancreas or CEMRI abdomen after acute issues abate. 4. Other minor findings as described. May need further action Finalised by: <DOCTOR>

Accession Number: 8f1660d12313a775fba230c0dcb0415ac4101c783a020bb68b98b65e2401bb1f

Updated Date Time: 29/9/2018 8:45