# Row 11705

Visit Number: ce09e389f482cfcea61e55e5f69865f15e8a8cb518daafd629198fea1cd00ee6

Masked\_PatientID: 11705

Order ID: 97ab8d9d6e91f32af171813e61a6977da6e871d193acb5b26243d22859848924

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/10/2017 9:38

Line Num: 1

Text: HISTORY Worsening left-sided pleural effusion TRO underlying empyema TECHNIQUE Contrast enhanced scans of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Note is made of the chest radiograph of 26October 2017. There is a moderate sized left pleural effusion with multiple left-sided pleural nodules of varying sizes. There is resultant compressive atelectasis of the left lower lobe and part of the left upper lobe. No pleural calcification or gross underlying lung lesion is detected. No suspicious nodule or mass is detected in the aerated portions of both lungs. The central airways are patent. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The mediastinal vessels demonstrate grossly normal opacification. The heart is enlarged. No pericardial effusion is seen. The limited sections of the upper abdomen appear grossly unremarkable. No destructive bone lesion is detected. CONCLUSION Moderate left pleural effusion with multiple left-sided pleural nodules. This raises concern for an underlying neoplastic process (e.g. primary versus secondary pleural nodules). Histological evaluation suggested. No gross underlying lung lesion or significantly enlarged lymph node detected. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: b2aeed69949e24a1fe350897f3a0b86bc8aa82f2374a3974cdbb522001c634cd

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