# Row 11821

Visit Number: 2ab863573e2a2bbe5921e84d3315376a4dbd4dbbd70c226fb621b923a5c839ce

Masked\_PatientID: 11809

Order ID: 47d247853240a1f7af61fc752ff11b9ee552088f044a4079123e2254691c9b31

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 24/4/2017 12:26

Line Num: 1

Text: HISTORY ALK neg Anplastic large cell lymphoma s/p #3 CHOP Recent meningocephalitis likely sec TB For restaging TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 - Volume(ml): 75 FINDINGS Comparison was made with the CT scan of 4 April 2017 Interval progression of bilateral patchy consolidation and ground-glass changes in both lungs, more severely affecting the lower lobes. A focus at the anterior left lower lobe has mass like appearance with bulging of the fissures (6-61). Tiny 3 mm peripheral nodule in the lateral right lower lobe is non-specific (6-67). Small clustered nodules in the lateral middle lobe are likely infective / inflammatory (6-65). Bilateral small pleural effusions could be parapneumonic. Bilateral prominent but subcentimetre hilar nodes could be reactive. No significantly enlarged mediastinal, supraclavicular or axillary lymph node. Bilateral gynecomastia. Heart is not enlarged. Stable minimal pericardial fluid. The liver, gallbladder, pancreas, adrenal glands and kidneys are unremarkable. Stable 7 mm rounded enhancing focus in the spleen could represent a small haemangioma. No biliary dilatation or hydronephrosis. Urinary bladder is catheterised and is suboptimally distended. Prostate gland is normal sized. Focal mural hypoenhancement at the cardia could represent treated disease (7-20). Small hiatal hernia. Bowel loops are not dilated. There are multiple uncomplicated diverticula in the right hemi-colon. Appendix appears normal. There is minimal ascites. No significant enlarged mesenteric or retroperitoneal lymph node is seen. There is a small fat containing periumbilical hernia. There is no destructive bony lesion. . CONCLUSION Interval progression of bilateral consolidation, favouring the lower lobes. Associated peripneumonic effusions and reactive hilar adenopathy. The overall appearance stillfavours infective / Inflammatory cause. Follow up imaging suggested after appropriate treatment. No significant adenopathy above or below the diaphragm. Stable hypoenhancing wall at the gastric cardia could represent treated disease. May need further action Finalised by: <DOCTOR>

Accession Number: da128acdeb66f4d62e39ed3009952069801680a867decdd973241aead078506e

Updated Date Time: 24/4/2017 14:07