# Row 11876

Visit Number: 940f64a63e4855fcea88b8b6c6dbb3b487280b1e3599aba49640f9f36eeb560e

Masked\_PatientID: 11875

Order ID: 3c1854a2887ae9627a7b49cbc614a1b51a56b17ac783fc3cfde46f51299060f8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/9/2016 18:36

Line Num: 1

Text: HISTORY admitted for community acquired pneumonia. continue to spike in temprature inspite of apropriate abx for cap. to look for lung abcess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Recent chest radiograph of 13 Sep 2016 was reviewed. Fairly extensive air space opacification with adjacent ground glass attenuation in both lungs is worse in the lower lobes. No cavitary lesion or pleural effusion is seen. Fibrocalcific changes in apex right lung are noted. Small bilateral hilar lymph nodes are likely reactive in nature. No enlarged supraclavicular, axillary or mediastinal lymph node is seen. Mild cardiomegaly is present. No pericardial effusion is seen. Coarse calcification is noted in the left thyroid lobe. Known hepatosplenomegaly due to myelofibrosis is partially imaged. The visualised upper abdomen is otherwise unremarkable. Diffuse sclerosis of the bony structures is seen with several scattered lucent foci, likely related to underlying myelofibrosis. CONCLUSION Extensive air space opacification with adjacent ground glass attenuation in both lungs is worse in the lower lobes, likely representing infection. No cavitary lesion or pleural effusion is seen. May need further action Reported by: <DOCTOR>

Accession Number: e00ad15c242a5b3fd9ab709617de040f886af5ada806913c2273513e232c4b6a

Updated Date Time: 15/9/2016 9:53