# Row 11891

Visit Number: 2eb9fe647895ef044d9986e78aa178aa8cb1077dea5cbee2aec3524ed28ff19e

Masked\_PatientID: 11875

Order ID: e0a2e8aacc888eac90e7cab3e2906d631eb0775fe0362df4d5e824c6e33daa4e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/10/2016 14:34

Line Num: 1

Text: HISTORY Left sided pleural effusion s/p chest drain on 21/10/2016 TRO malignancy TECHNIQUE Scans of the thorax were acquired after the administration of 50 ml of intravenous Omnipaque 350. FINDINGS Note is made of the priorCT scan dated 14th Sept 2016. The chest radiograph of 21st Oct 2016 was reviewed. Low-attenuation left pleural effusion appears located. The tip of the left cope loop catheter is anterior to the left upper lobe and re-adjustment may be considered. A small procedure related pneumothorax is seen in the ante-dependant portion of the left hemi-thorax. The left lower lobe is partially collapsed with bronchial wall thickening possible related to prior infection/inflammation. Patchyground-glass opacities in the left upper lobe and middle lobe indicate an infective process. There are no suspicious pulmonary nodules. Scarring with traction bronchiectasis is seen in the lateral-basal and postero-basal segments of the right lower lobe with atelectasis in the lingular segment. Scarring with nodular calcification and traction bronchiectasis in the apical segment of the right upper lobe indicates prior infection. The trachea and bilateral main bronchi are patent. There is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph nodes. The mediastinal vessels demonstrate normal enhancement and calibre. Cardiomegaly is present. There is no pericardial effusion. Coarse calcification is seen in the left thyroid lobe. Limited sections through the abdomen demonstrate periportal oedema. The spleen is enlarged, consistent with previously diagnosed myelofibrosis. A hypodensity (0.4 cm) within the mid aspect of the spleen is too small to characterise in the current scan. A small splenic granuloma is seen in the superior pole. Diffuse sclerosis is consistent with myelofibrosis. No acute fractures. CONCLUSION Left cope-loop catheter in the ante-dependant portion of the left hemi-thorax, abutting the left upper lobe with possible loculated left pleural effusion and a small pneumothorax. Re-adjustment of the left cope loop catheter may be considered. Bilateral ground-glass changes, left more than right indicate an infective process. Splenomegaly and diffuse sclerosis of the bones are consistent with myelofibrosis. These findings were reviewed with Dr. Htoo. May need further action Finalised by: <DOCTOR>

Accession Number: 82b1d627dbb3339069cc28eefa0a3bcfc26c62a282fde9aa8e63a71415d9ccc9

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