# Row 11975

Visit Number: 2955ae208074a20e76fc5d8a44060365911cd628f788e0d62e4fa6f980cad5fb

Masked\_PatientID: 11974

Order ID: bda71a873be2b3db4ef23a3e909498c38001662702f7f5697524613f0a55445d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 02/11/2016 13:36

Line Num: 1

Text: HISTORY CTAP 30 Sept: Dense consolidation within the left lower lobe with ground glass air space infiltration in the left apico-posterior highly suggestive of infective aetiology. As the consolidation is very dense it is not possibleto rule out an underlying small mass lesion. Hence please repeat imaging TECHNIQUE Contrast enhanced CT scan of the thorax acquired. 50 ml IV Omnipaque 350 administered. FINDINGS Comparison made with CT TAP dated 30th September 2016. Thechest radiograph dated 29 September 2016 was reviewed. There is residue confluent consolidation seen in the left lower lobe, consistent with pneumonia. Interval resolution of the previously noted ground-glass changes adjacent to the left oblique fissure is noted. Minimal residue ground-glass changes are seen in the right lower lobe. The airways and vessels are preserved. There is no pleural effusion or significant lymph node seen. Bilateral emphysematous changes are again noted in both lungs, more prominent in the apices. There is also mild bilateral apical pleural thickening. The trachea and major bronchi are patent. The heart is not enlarged. There is no pericardial thickening, calcification or effusion seen. The major vessels opacify normally. Scattered hypodensities noted in both hepatic lobes, too small to characterise but likely representing simple cysts. The remaining partially visualised upper abdomen appears grossly unremarkable. No destructive osseous lesions seen. CONCLUSION Since the CT TAP of 30 September 2016, 1. Residue confluent left lower lobe consolidation and minimal right lower lobe ground glass changes in keeping with resolving infection – suggest follow up chest radiograph in 6-8 weeks to look for resolution. 2. Bilateral apical emphysematous changes. May need further action Reported by: <DOCTOR>

Accession Number: c4cc4b93351212903efea55f3dad517173056f41597403fa59aa900336163cd4

Updated Date Time: 04/11/2016 9:37