# Row 11998

Visit Number: f6c0223a72f1e1d719f08d674699eba33aaad6e2c9f9de4d0ebebe491f964c3c

Masked\_PatientID: 11985

Order ID: 08173e43161761cc6a4a00855d401ad1dad9b47597c4f4a2267ead2997a9377e

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/12/2018 14:10

Line Num: 1

Text: HISTORY persistent pleural effusion R, post lung transplant, k/c ESRF on hemodialysis TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Review made with previous chest radiograph dated 04/12/2018 and CT Chest dated 20/03/2017. The patient is status post bilateral lung transplant. Stable scarring is noted at the anterior aspects of both lungs, around the sternotomy site. The mediastinal vessels opacify normally. The pulmonary arteries are enlarged, suggestive of pulmonary hypertension. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is enlarged. Previous mitral valve annuloplasty noted. A small pericardial effusion is present. Pulmonary venous congestion is noted. There is also patchy ground glass changes and septal thickening predominantly in the hilar and dependent regions of the lung, suggestive of pulmonary oedema. Bilateral small chronic loculated pleural effusions are present, larger on the left, with associated atelectasis in both lower lobes. Pleural thickening noted. The previously seen right lower lobe subpleural nodule abutting the right oblique fissure is obscured. Multiple hypodensities are again seen scattered in the liver. Some represent cysts, while others are too small to characterise. The rest of the imaged upper abdomen appears unremarkable. Previous right thoracotomy with division of the right 4th rib. No destructive bony process is seen. CONCLUSION Status post bilateral lung transplant. There is cardiomegaly, pulmonary venous congestion, septal thickening and patchy ground glass changes suggestive of pulmonary oedema. Small bilateral chronic loculated pleural effusions with pleural thickening and associated lower lobe atelectasis are also noted. May need further action Reported by: <DOCTOR>

Accession Number: c6474480a8da73e979edb5b83d32e8953bdfcb7a282b2075f31d5a4e6264dbe5

Updated Date Time: 17/12/2018 17:47