# Row 12071

Visit Number: bead96d2c4df5bf1f00cab39ac90cc380ea8df227efa97bf7e7129639fad1932

Masked\_PatientID: 12061

Order ID: db960ba7b932644a3581d0bfb0920b0ab60e7b35a04fca00d504b2d25840973d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 24/1/2019 13:17

Line Num: 1

Text: HISTORY Persistent Desat SP Rhinovirus Pneumonia SP Intubation and Extubation BG Renal Tx TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the last CT scan of 8 January 2019. The patient has been extubated. The trachea remains ectatic. There is interval decrease in previously seen bilateral upper and lower lobe predominant consolidation. Residual / resolving changes in form of mild subsegmental atelectasis / scarring with architectural distortion, septal thickening and bronchial dilatation is now seen in these areas. In addition there is patchy scarring in anterior segment of upper lobes bilaterally which were not involved previously. There is some interstitial thickening in the subpleural regions of lower lungs bilaterally which may represent background of mild interstitial fibrosis, probably preexistent. Minimal ground glass opacities in the left lung (4-36). No frank consolidation. A small sliver of pleural effusions present. A dual lead AICD device is noted with tip of the leads in the right atrium and right ventricle. There is cardiomegaly with severe left atrial enlargement. A small amount of pericardial effusion is present. No significantly enlarged supraclavicular, axillary, mediastinal, hilar lymph node is seen. A small sliding hiatus hernia is present. The imaged sections of the upper abdomen show multiple cysts in the liver and the kidneys. No destructive bony process. CONCLUSION Since 8 January 2019, There is interval decrease in previously seen bilateral lung predominant consolidation now. Residual mild subsegmental atelectasis / scarring with architectural distortion, septal thickening and bronchial dilatation is now seen in these areas, likely representing postinflammatory changes. Some areas of scarring in apical upper lobe also. Only minimal ground glass changes, no frank consolidation. Mild interstitial fibrosis changes at the lung bases, may represent preexistent mild interstitial fibrosis. Known / Minor Reported by: <DOCTOR>

Accession Number: 2f6854ca28d0ab47ca4a12b2b372143e2d0833f989b1ff15521e9a605e5918a5

Updated Date Time: 24/1/2019 17:51