# Row 12182

Visit Number: 5eb7757ae3f142693f47e54b8adae6f36abd6de7f633b8c4f5506bb36ceceda8

Masked\_PatientID: 12177

Order ID: 2c7a096f300caa71f8baed7d824bd9b88ee0f10f51bcc54620109e5ef31d8d05

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/6/2015 11:13

Line Num: 1

Text: HISTORY Pleural effusion for Ix, incidental solitary pulmonary nodule TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparisonis made with the previous CT chest dated 5/4/2015. The mixed ground glass/solid nodule is once again seen in the left upper lobe (image 5-53). It measures 1.4 x 1 cm, stable compared to the previous study. Stable bilateral pleural effusions are seen in the lower lobes of the lungs, right larger compared to the left. These are associated with compressive atelectasis. There is mild bronchial wall thickening in both lower lobes as well as ground glass opacification in the middle lobe,suggestive of airway inflammation. Stable left upper lobe scarring with traction airway dilation is seen. There is no hilar lymphadenopathy. No significant mediastinal, axillary or supraclavicular lymph node is seen. The left atrium is markedly enlarged. Small pericardial effusion is seen. The partially imaged abdominal organs are unremarkable. Mild degenerative changes are seen in the spine. The bones appear osteopenic. CONCLUSION Compared to the recent previous study, there is no significant change in the size of the bilateral pleural effusions. The sub-solid ground glass nodule is stable and a low grade pulmonary neoplasm remains a consideration. May need further action Reported by: <DOCTOR>

Accession Number: abc0a0541f0d1be8795c0d0d260da162dd5ed248044265e62baee464647192e0

Updated Date Time: 23/6/2015 17:46