# Row 12209

Visit Number: 51ee4d3acb55b26103385c08f075244e848333953a021962498536fd429ebd31

Masked\_PatientID: 12196

Order ID: 4201ed27967ade334bdb6e84ebf3b6d0ca204473129df8470fc41df876afc812

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 06/6/2018 11:57

Line Num: 1

Text: HISTORY Known head and neck SCC with trachy - admitted multiple times for pneumonia and left pleural effusion. Comes again for fever and ? dysphagia REPORT The CT chest of 14 March 2018 (NCC) was reviewed. Note is made of the chest radiographs dated 20 February 2018. Tracheostomy is in situ. The heart size is normal. Thoracic aorta is unfolded with arch calcification. New air space opacities are noted in the retrocardiac region and right lower zone, suspicious forinfective changes. There appears to be interval increase in the size of the nodules in the middle lobe, with area of cavitation. Left pleural nodularities are noted, more prominent compared to the prior CT. Small left pleural effusion is seen. Bony destruction of the lateral left 7th rib is again noted. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 2d1fbfb10c47bc031286b0e500ea2abed1812c79d1a4073e03c8c18c0f1ed827

Updated Date Time: 06/6/2018 17:53