# Row 12521

Visit Number: 39b4c98a03ae50af4eb6deb827eded92b2a2697e4ea034679cbe48823fb75f6e

Masked\_PatientID: 12497

Order ID: 698c3a408bd4a914dd484fc1e3a83304f2204bdc9e8d1378ed85ca748399c475

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/8/2016 18:26

Line Num: 1

Text: HISTORY metastatic yolk sac tumour recurrent L pleural effusion, lung not re-expanding despite chest drain/suction pls do CT thorax as requested by CTS to plan for VATS TECHNIQUE Scans of the thorax were acquired after the administration of 60 ml of intravenous Omnipaque 350. FINDINGS The previous chest radiograph dated 9 August 2016 and CT chest, abdomen and pelvis dated 21 July 2016 were reviewed. A left chest tube is in situ, its tip within the posterobasal aspect of the left hemithorax. Interval near-resolution of the left pleural effusion is noted, with a small amount of remnant fluid. There is a large left pneumothorax, resulting in passive atelectasis of the left lung. No significant tracheal deviation or mediastinal shift is seen. There is extensive subcutaneous emphysema involving the left thoracic wall tracking inferiorly into over the left upper abdominal wall and superiorly into the neck. There is also a small amount of pneumomediastinum in the upper thorax. Patchy air-space consolidation is noted bilaterally, predominantly in the right lower lobe. A moderate to severe low-density right pleural effusion is present. No suspicious pulmonary nodule is detected. The tip of the right PICC line is seen within the right atrium. Normal opacification of the mediastinal vessels is seen. There is a stable enlarged left supraclavicular lymph node measuring 1.3 x 1.4 cm (4/11). No significantly enlarged mediastinal, hilar or axillary lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen are unremarkable. No destructive bony lesion is seen. CONCLUSION Since 21 July 2016, 1. Interval insertion of a left chest tube with near-resolution of the left pleural effusion. 2. New large left pneumothorax, associated with extensive subcutaneous emphysema over the left chest wall and a small amount of pneumomediastinum in the upper thorax. 3. Patchy air-space consolidation is noted bilaterally, predominantly in the right lower lobe; possibly due to infective etiology. Moderate to severe right pleural effusion. 4. Stable left supraclavicular lymphadenopathy. May need further action Reported by: <DOCTOR>

Accession Number: 6f150f591b880db1554caf56cb40a15fc70f7bc61705be599f6c1a738a2cab4d

Updated Date Time: 11/8/2016 9:56