# Row 12793

Visit Number: b40610be7346b9f903fb7dc396feeb16652d217fa972fda4e2a4052825f873ab

Masked\_PatientID: 12789

Order ID: 817f13c36ba6ad85244dc493eb73285b211e19a52bd781620d90f3378df928e8

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/11/2017 14:54

Line Num: 1

Text: HISTORY SIADH work up TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS No comparison CT available. The apparent opacity is seen on recent CXR of 20/11/2017 and not on CXR of 24/12/2015 is likely due to the compressive atelectasis of the basal right lower lobe adjacent to a moderate right pleural effusion. Air bronchograms are noted within, with no obstructing hilar mass seen. There is also minimal atelectasis in the basal left lower lobe adjacent to a smaller left pleural effusion. No lung mass or sinister nodule is noted. There is a 4mm perifissural nodule in the inferior aspect of right upper lobe (401-47). In close vicinity, andother calcified granuloma measuring 3 mm is noted (401-45). Rest of the aerated lungs are clear with no consolidation or ground-glass changes. No interstitial fibrosis, bronchiectasis or emphysema is evident. The major airways are patent. Coronary and aortic calcifications are noted. Mediastinal vasculature enhance normally. Small volume mediastinal nodes are not enlarged by size criteria and shows normal morphology. No supraclavicular or axillary adenopathy. Tip of the pacemaker are noted in the right ventricle. Gross cardiomegaly is noted, with preferential distension of the right-sided chambers, especially the right atrium associated with engorged IVC and enlarged hepatic veins showing reflux. Limited sections of the upper abdomen in arterial phase show scarring and foetal lobulation at the left upper kidney. A few tiny calcified stones are noted in a contracted gallbladder. No destructive bony lesion is seen. CONCLUSION 1. Cardiomegaly and bilateral pleural effusions, especially on the right. 2. Apparent CXR finding is likely due to the compressive atelectasis adjacent to the right pleural effusion. Chest infection is less likely and may be clinically excluded. 3. Rest of the aerated lungs are clear. 4. No ominous lung mass seen. A tiny perifissural nodule in right upper lobe is non-specific but likely post inflammatory similar to an adjacent calcified granuloma. 5. Other minor findings as described. Mayneed further action Finalised by: <DOCTOR>

Accession Number: 8f31483596e70ba0e64c8f22b45015b57c3db070d768b22b99ae7275331b0c57

Updated Date Time: 21/11/2017 15:57