# Row 12828

Visit Number: ee8cc4bc1e68d946020fe17c7b3438e0f1c83c5414fa949b510305d99b557726

Masked\_PatientID: 12826

Order ID: e81545a844ba19bdd8d8b24c5438f0f258c8ffdefba10603a7bc669418f335f9

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/11/2016 18:39

Line Num: 1

Text: HISTORY Recent CABG Oct 2016. c/o SOB - CXR: left pleural effusion. u/s thorax: left pleural effusion, suggest CT thorax for further evaluation. TRO hemathorax iv of recent surgery TECHNIQUE CT thorax was performed with coronal reconstruction. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The chest radiograph and ultrasound on 16 November 2016 are reviewed. A small hypodense left pleural effusion with adjacent compressive atelectasis is seen. No pleural thickening is observed. Linear atelectasis is seen in the right upper lobe posterior segment, left upper lobe and both lower lobes. No pulmonary mass or consolidation is identified. The major airways are patent. No significantly enlarged supraclavicular, axillary, mediastinal or hilar lymph node is detected. An 8 mm oval left anterior supradiaphragmatic lymph node is identified (4-69). Status post CABG. The heart is not enlarged. There is a slither of pericardial effusion. The mediastinal vessels opacify normally. The left thyroid lobe is enlarged and shows heterogeneous appearance with a speck of coarse calcification. A 7 mm hyperdensity in hepatic segment VII with a spot of calcification may be a granuloma (7-33). No osseous destruction is seen. CONCLUSION Small hypodense left pleural effusion without obvious pleural thickening or mass. May need further action Faimee Erwan Bin Muhamat Nor , Medical Officer , 19129I Finalised by: <DOCTOR>

Accession Number: 9cc8b22baeb1d40649fb1f5b2ff5f49cd9ac0fd2d47906a20c175c093fff093c

Updated Date Time: 19/11/2016 11:11