# Row 12969

Visit Number: c61a09ee5b884e5e7c4528ac7409cb551b975aa764370c7a8aa9ac3bda2a023e

Masked\_PatientID: 12968

Order ID: 092501831726c56bffe60ed1804424b5267caa306d453283ac371e08406daa15

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 21/9/2016 12:25

Line Num: 1

Text: HISTORY LOW 5kg with chronic cough. non smoker loculated pleural effusion- complicated by biochemistry ?pTB vs malignancy TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior radiographs of the chest dated 19/9/16 and 18/9/16 were reviewed. There is bilateral scarring with pleural thickening in the lung apices with associated traction bronchiectasis. A fibrocavitatory lesion with granulomas measuring 2.8 x 2.9 cm is also noted in the right upper lung. Patchy airspace changes are noted in the surrounding lung bilaterally. There is a moderate sized loculated pleural collection in the left lung. No suspicious enhancing pleural nodules are noted. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of significantly enlarged mediastinal, hilar, axillary or supraclavicular lymphadenopathy. The visualised upper abdominal viscera appear unremarkable except for the left kidney which is atrophied.Scoliosis of the thoracic spine is noted. There are no destructive bony lesions. CONCLUSION -Right upper lobe fibrocavitatory lesion with granulomas -Bilateral scarring with pleural thickening in the lung apices with associated traction bronchiectasis.Patchy airspace changes are noted in the surrounding lung bilaterally. -Moderate sized loculated pleural collection in the left lung. -The findings overall would favour infective aetiology including pulmonary tuberculosis overr malignancy. May need further action Reported by: <DOCTOR>

Accession Number: 9ece8d609bf51c125d5c29c414c2ac5276bf300a0292fff2d4a2cce304faf8ed

Updated Date Time: 21/9/2016 14:29