# Row 12976

Visit Number: fe109c56bafb10da25429d5cbd63a13e8cb01e69a43fd58489e258ad8647cdd8

Masked\_PatientID: 12968

Order ID: c2737a688f0232c77dc8737716f8ef4a30e135d827ad849b9d6ab483c001aaae

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 22/5/2017 13:17

Line Num: 1

Text: HISTORY Persistent weight loss pTB bronchiectasis Persistent left pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Compared with previous studies dated 21/09/2016 and 24/09/2016. Changes of scarring with traction bronchiectasis in upper lungs bilaterally is noted again. There is a 3.3 cm cavitary lesion with some granulomas in right apex without any air-fluid levels, as before.Patchy areas of atelectasis and air space opacification is also present in both upper lobes. These do not appear to have changed significantly since previous CT study. Some pleural thickening at right lower hemithorax, as before. A loculatedmoderate sized left effusion also remain largely unchanged. The mediastinal vasculature appears grossly unremarkable. No significant enlarged mediastinal lymph nodes. The proximal oesophagus is mildly dilated (compressed mid oesophagus due to pectus). No pericardial effusion. The liver shows a tiny hypodensity in left lobe, possibly cyst. No calcified gallstones. The spleen, pancreas, adrenal glands appear grossly unremarkable. The left kidney is atrophic with compensatory hypertrophy of right kidney, as noted before. No overtly suspicious mass. The bowel loops are not well assessed (some motion and lack of abdominal fat) but no large masses identified. Prostate gland is mildly enlarged. Partly distended bladder appears grossly normal. No enlarged lymph nodes. Minimal free fluid in pelvis. Bone windows show mild compression of T6, T11 and L1 vertebral bodies which have developed in the interval but without any bony destruction. CONCLUSION 1. Fibro bronchiectatic changes in upper lungs with a thin walled cavitary area in right apex with some patchy air space shadowing. Overall appearances have not changed significantly compared to previous CT study and likely related to previous granulomatous infection. A moderate sized left loculated pleural effusion also shows no significant interval change in size/ appearance. 2. No suspicious or interval new findings in abdomen or pelvis. 3. Interval mild compression of T6, T11 and L1vertebral bodies without any bony destruction. This could be related to osteopenia or trauma, clinical correlation suggested. May need further action Finalised by: <DOCTOR>

Accession Number: 064d367f370a7f1eee487266bb6020eef2fb85b004b0ec8d23af083d90a3463c

Updated Date Time: 23/5/2017 16:39