# Row 13045

Visit Number: 46a0a2cdc78ee14a8498a2a64f595ae910fba1b099da5a77012a65d935ee28d3

Masked\_PatientID: 13043

Order ID: 233df223a601d054683f34515966e7dd59b4e309c77094de7a555a6b95ff8dd4

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/3/2016 10:26

Line Num: 1

Text: HISTORY Type 1 RF secondary to fluid overload/ pneumonia. Pneumonia/ saturation not improving despite antibiotics and negative balance of 7L. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: nil FINDINGS CT of 16/02/2016 was reviewed. There are extensive new ground-glass changes with small foci of consolidation seen throughout both lungs. There is sliver of left pleural effusion. There are several small volume mediastinal lymph nodesbut none enlarged based on size criteria. No significantly intrathoracic lymph node is seen. History of prior graft repair of the ascending aorta is noted. On this noncontrast scan, the appearance of the thoracic aorta and graft are relativelyunchanged. Intraluminal calcifications at the proximal abdominal aorta was seen previously to be calcifications at the internal flap. There are cardiomegaly and coronary arterial calcifications. There is no pericardial effusion. Stable 18x 16 mm right adrenal nodule. No bony destruction is identified. Sternal wires in situ. CONCLUSION There is extensive ground-glass changes and some patchy consolidation in both lungs. Clinical correlation to ascertain the aetiology is advised. Minimal left pleural effusion. May need further action Finalised by: <DOCTOR>

Accession Number: ce5bbf73d6f7542fa2fc38486a99b293944922a4cc3e6cee4dcc88593e39f9c0

Updated Date Time: 13/3/2016 12:32