# Row 13256

Visit Number: 0647ffbe6b8d3a4a988e8b221a6bd6db8fb52c650665bdf3d4786d3ac952cb1f

Masked\_PatientID: 13254

Order ID: 57f63b51435b962e671c314c46679ae5dcc28fb6a0fd09868f1bfdeee7e1c045

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/11/2017 12:53

Line Num: 1

Text: HISTORY 1. Chronic cough for inx with persistent RLZ patch on CXR - it is very rare for mantle cell lymphoma to involve the lung parenchyma is very rare, it is considerable - other less likely ddx include bronchiec -- b/g mantlecell lymphoma and recent discharge for R LZ CAP TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the prior CT studies of 17/10/2017 and 09/01/2017.Interval worsening in the air space changes in the middle lobe is noted with increased ground-glass opacities and interlobular septal thickening. Interval development of patchy consolidation is also seen, mainly in the lateral segment of the middle lobe. The previously noted air space changes and septal thickening in the right lower lobe show interval improvement. Mild background centrilobular emphysema is noted with scattered bullae/cysts. Mild Bronchial wall thickening is also noted, worse in the lower lobes. No suspicious pulmonary nodule is detected. There is no pleural effusion. A few small volume but prominent right hilar lymph nodes are seen, likely reactive. No significantly enlarged supraclavicular, axillary or intra-thoracic lymph node by CT size criteria. The visualised thyroid gland is unremarkable. The heart size is normal. Coronary artery calcifications are noted. There is no pericardial effusion. Aberrant origin of the right subclavian artery is again noted. The spleen is normal in size. Calcified gallstones is noted. A left upper pole renal cyst is partially visualised. No destructive bony lesion is detected. CONCLUSION Since the prior CT of 17/10/2017 (CGH), The spatial variation of air space changes in the right lung which now favour the middle lobe, associated with septal thickening and new consolidation, favour an infective process. The predominance of ground-glass changes suggests atypical pneumonia such as from a viral pathogen. There may be contribution from aspiration. Kindly correlate with clinical and microbiological findings. May need further action Reported by: <DOCTOR>

Accession Number: e0f7168892fe661f2408938599c787515c315dc5eef4e1d7a11228f4be2689b7

Updated Date Time: 17/11/2017 15:06