# Row 13355

Visit Number: ef83a2fd87f878a8b90790648f39c77a05c091dd94dffae51b6614f4c0be6b42

Masked\_PatientID: 13354

Order ID: 71f7bea31ca07266f8098c3129c399e4af7a5fad20e8ded0aea525c7848c1683

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 20/3/2018 14:09

Line Num: 1

Text: HISTORY Follicular lymphoma on venetoclax to assess disease status, now admitted with new onset right pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the prior examination of 28 December 2017. There are patchy airspace opacities in both lungs. The basal segments of the left lower lobe have areas of peribronchial consolidation surrounded by ill-defined areas of ground-glass opacification. The apical segment contains some mild smaller areas as well as a peripheral region of consolidation. Similar opacities are present in the lingular segment of the left upper lobe and at the anterior segment of the left upper lobe. On the right, there is some peribronchial opacification at the lateral segment of the middle lobe. The right upper lobe has peripheral peribronchial opacification at the posterior segment and also at the anterior segment. No filling defect is seen within the visualised arteries. Markedly enlarged axillary lymph nodes are again identified, worse on the left. Small volume superior mediastinal lymph nodes are present and similar to the prior scan. There is a large right pleural effusion occupying approximately 30% of the right hemithorax. There is no focal soft tissue pleural thickening or mass. No significant effusion is seen on the left. The portions of the upper abdomen included on this scan show no gross hepatic lesion although free fluid is present in the upper abdomen. CONCLUSION There are areas of peribronchial consolidation and surrounding ground-glass that would favour an infective aetiology for the lung changes. Presence of effusion and peribronchial consolidation favours a bacterial aetiology May need further action Finalised by: <DOCTOR>

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Updated Date Time: 20/3/2018 16:34