# Row 13593

Visit Number: 3939bd7fe4e61bf3e55165d9c62e14ca9af7e624a582ebda2bdd6844207ca714

Masked\_PatientID: 13584

Order ID: 6b4f62e57e23928f323f56cac2cf54e7989621612ea7db58b134dc1dba9077a2

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 07/1/2015 15:44

Line Num: 1

Text: HISTORY persistent left MZ infiltrates after Rx for CAP. strong smoking history. TRO malignancy. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml):50 FINDINGS The radiographs dating back to 22 September 2014 were reviewed. Extensive centrilobular emphysema is noted in bilateral lungs predominantly in the upper lobes. Scarring with calcified granulomas is noted in the left upper lobe. Few areas of scarring are also noted in middle lobe and lingula. No convincing evidence of mass lesion noted. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. No destructive bony process is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable. CONCLUSION -Extensive centrilobularemphysema in bilateral lungs. -Scarring with calcified granulomas in the left upper lobe. Few areas of scarring are also noted in middle lobe and lingula. No convincing evidence of mass lesion noted. Images were reviewed with Dr.Low Choon Seng Adrian Shoen. May need further action Finalised by: <DOCTOR>

Accession Number: e5c2ace1aa55c5c562ea7508306ffcbc500fba2f519c8cfa2e9963ebd30ac3e6

Updated Date Time: 07/1/2015 18:01