# Row 13617

Visit Number: c011f5a593ef48b936efacff0aca47cafab028a99f0860ec72f590607fd18351

Masked\_PatientID: 13615

Order ID: 7c35ad321f31c97214f57fae7ab710f309a6b5cc4e510367029f0c03b11f29bb

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 26/5/2015 15:29

Line Num: 1

Text: HISTORY staging ?relapse of lymphoma TECHNIQUE Plain CT of the thorax was acquired. No intravenous contrast was given. FINDINGS Comparison made with the last CT scan of 10/8/2012. No significantly enlarged mediastinal, axillary or supraclavicular lymph node is detected. Within limits of an unenhanced CT, no obvious hilar lymphadenopathy is noted. Bilateral small pleural effusions are associated with passive atelectasis of the adjacent lungs. Confluent consolidation is also present at the basal segments of both lower lobes, likely infective in nature. Distal airway dilatation and bronchial wall thickening is seen at the basal segments of the lower lobes. An indeterminate solitary subcentimetre cavitatory nodule is detected at the base of the left lower lobe (0.8 x 0.6 cm, 80382/77), possibly infective in nature, but metastasis cannot be excluded. The heart is normal in size. No pericardial effusion is seen. Diffuse increase in attenuation of the liver parenchyma relative to the spleen is consistent with haemosiderosis. The spleen is enlarged. Stable clustered small volume para-aortic lymph nodes are detected in the upper abdomen. No destructive bony process is seen. CONCLUSION 1. No significantly enlarged thoracic lymph node is detected. 2. Bilateral small pleural effusions with likely infective consolidation at the basal segments of the lower lobes. Distal airway dilatation and bronchial wall thickening atthe basal lower lobes indicates inflammation. 3. An indeterminate solitary subcentimetre cavitatory nodule at the base of the left lower lobe is possibly infective in nature, but metastasis cannot be excluded. CT follow up is advised after appropriate treatment of the pulmonary infection. 4. Haemosiderosis and splenomegaly. May need further action Reported by: <DOCTOR>

Accession Number: 56aa694369cf14fd42b63c954a6a3b771d1cf2bd7f0a67fef150c0d6978e47e6

Updated Date Time: 26/5/2015 17:30