# Row 9736

Visit Number: 2e48b652e6eccfaf263185626566a4150d40d58ecfe924b80429696d9c6d1039

Masked\_PatientID: 9729

Order ID: b12ea88a02d01678bf9856acb5e87dcce56309abda35d3c8b4cc74f77a040903

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/1/2019 20:30

Line Num: 1

Text: HISTORY Breathlessness on oxygen Bilateral arm swelling TRO SVC stenosis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS Comparison done with the CT scandated 18 December 2018. There is satisfactory enhancement of the left and right brachiocephalic veins and the SVC. No large filling defects in the pulmonary trunk, main, lobar or segmental pulmonary arteries. The heart is borderline enlarged.There is no pericardial effusion. There are bilateral pleural effusions are again seen, moderate size on the right and small on the left. Right pleural effusion appears slightly larger. There is associated compressive atelectasis of the lungs,mainly of the lower lobes. There is interval development of bilateral fairly symmetrical perihilar airspace changes in the aerated lungs, predominately consolidative with some ground-glass haziness. There is again seen linear fracture through the lower half of the T11 vertebral body. visualised bones are diffusely sclerotic, in keeping with renal osteodystrophy. small gallstones noted in the gallbladder. CONCLUSION There is no convincing evidence of SVCO. Interval development of bilateral fairly symmetrical perihilar airspace changes in both lungs. This is non-specific but could represent pulmonary edema in the provided clinical context. Bilateral small to moderate pleural effusions, larger on the right. May need further action Finalised by: <DOCTOR>

Accession Number: bf7d120ae1550f97c8f6416cf4d386f89f1cb63418953d964a0271acca6dbfcd

Updated Date Time: 04/1/2019 21:07