# Row 9878

Visit Number: c8dd51a58257ed4035357d933b963a7429b0bb24a31226df81b8c976ddd08b63

Masked\_PatientID: 9872

Order ID: ac042d432a4f152e9ebc7fd4512110ddcdb791380121e915055f8c4e490afc6d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/1/2019 15:52

Line Num: 1

Text: HISTORY WORSENINF CKD WIDENED MEDIASTINUM ON CXR TECHNIQUE Scans acquired as per department protocol. FINDINGS Lack of intravenous contrast limits evaluation of this study. The chest radiograph of 16 January 2019 is reviewed. No comparison CT is available. The thoracic aorta is of normal calibre. The heart is not enlarged. No pericardial effusion is seen. Triple-vessel coronary artery calcification is detected. No mediastinal mass is seen. No significantly enlarged thoracic node is seen. Prominent prevascular nodule measuring 1.0 cm (series 202/25) may represent a prominent node rather than a thymic lesion. The central airways are patent. No evidence of pulmonary oedema. No suspicious pulmonary nodule or mass is detected. A few tiny nodules in the right lower lobe are nonspecific and possibly post-inflammatory, measuring up to 0.2 cm (for example series 201/76, 72). Small cyst is seen in the apical segment of the right lower lobe. Plate and dependent atelectasis is seen in bilateral lungs. No pleural effusion is seen. The visualised thyroid and oesophagus are grossly unremarkable. Elevation of the left hemidiaphragm is noted which may be due to eventration. Tiny hypodensity in the left liver lobe is too small to characterise (series 202/74). Hyperdense material within the gallbladder may represent sludge. Partially visualised left renal upper-midpole renal hypodensity is difficult to characterise but possibly a cyst. No destructive bone lesion is seen. Thoracolumbar scoliosis is noted. Mild-moderate T12 compression fracture is noted. CONCLUSION There is no evidence of pulmonary oedema, mediastinal mass or thoracic aortic aneurysm. Widened mediastinum on CXR is due to a combination of antero-posterior projection, rotation and unfolding of the aorta. Prominent 1 cm nodule in the prevascular region may represent a lymph node rather than a thymic lesion. Known / Minor Reported by: <DOCTOR>

Accession Number: cf7f7946dc46fb928d885324f58175d7cd6757d719543ed60f9284c123241bea

Updated Date Time: 18/1/2019 18:01