

Vancouver Island Health Authority/St Joseph's General Hospital

CT Chest w/ Contrast
* Final Report *

Smailys, Andrea - 09392030

**** Do not include in the Patient's Medical Record ****
**** Destroy by Shredding ****

Result type: CT Chest w/ Contrast
Result date: Wednesday, January 31, 2018 16:44 PST
Result status: Auth (Verified)
Result title: CT Chest w/ Contrast
Performed by: Piche DR, Stacey Lynn on Saturday, February 03, 2018 13:04 PST
Verified by: Piche DR, Stacey Lynn on Saturday, February 03, 2018 13:15 PST
Encounter info: 92019414311, VGH, Ambulatory, 31-Jan-2018 - 31-Jan-2018

* Final Report *

Reason For Exam

New onset LLL infiltrate.;Other

REPORT

CT CHEST:

COMPARISON: October 26, 2017.

TECHNIQUE: Intravenous contrast enhanced CT Chest.

FINDINGS:

Imaged Lower Neck, Esophagus: No significant abnormality.

Central Mediastinal Vascular Structures: Prior CABG and LEFT ventricular dilatation are noted, no visible central mediastinal vascular filling defect.

Pleura, Pericardium: LEFT larger than RIGHT small bilateral pleural effusions have enlarged. There is no pericardial effusion and no suspicious pleural based mass.

Axillary, Mediastinal, Hilar Lymph Nodes: Multiple borderline mediastinal and hilar lymph nodes are stable, no suspicious progressive lymphadenopathy.

Lungs, Interstitium, Central Airways: Patchy bilateral peripheral and peribronchial lower lobe consolidation has resolved. There are areas of peripheral subsegmental atelectasis

Printed by: Holness, Rebecca
Printed on: 05-Feb-2018 17:15 PST

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and parenchymal scarring, no new focus of consolidation and no suspicious pulmonary lesion. There is no acute interstitial thickening or patchy groundglass. Minor dependent debris is noted at the carina, no endobronchial lesion.

Chest Wall, Osseous Structures: No acute or suspicious abnormality.

Imaged Upper Abdomen, Scout Views: No suspicious finding, cholelithiasis noted.

IMPRESSION:

1. No chronic or recurrent consolidation or suspicious pulmonary lesion.
2. Enlarged small bilateral pleural effusions and stable borderline lymphadenopathy probably relate to chronic failure, no evidence of interstitial or airspace edema at this time.
3. Minor dependent debris in the trachea at the carina without evidence of aspiration bronchiolitis.

Voice Recognition software generated. For ordering physician query ONLY: 1-844-716-7743

Signature Line

Dictating Physician: Piche DR, Stacey Lynn

Electronically Signed: SLP
Transcriptionist: ADR Transcribed Date: 03-FEB-18

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Printed on: 05-Feb-2018 17:15 PST

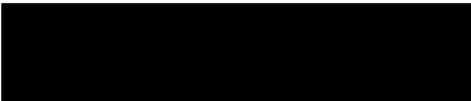
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REPORT

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