

Route to:
MARK L MCKINSTRY
19875 SW 65TH
TUALATIN OR 97062
LCLT

Legacy Diagnostic
Services



MERIDIAN PARK HOSPITAL
TUALATIN OR 97062
(503)692-7402

Patient: SALANTI, ANNA M
Med Nbr: (00030)056066-36-05
Sex: FEMALE Loc: MPED
Age: 79 YRS DOB: 06/27/22

DIAGNOSTIC RADIOLOGY

CHEST 1 VIEW

09/13/01 2253

US-01-026705

CLINICAL HISTORY: This is a 79-year-old female status post thoracentesis.

COMPARISON STUDY: Comparison films from earlier in the day.

FINDINGS: There is still a moderate sized pleural effusion but a significant amount of pleural effusion has been drawn off. There is no evidence of a pneumothorax in the right lung. Left lung is clear. Normal cardiomediastinal silhouette.

IMPRESSION:

Specifically, no evidence of a pneumothorax in the right lung status post thoracentesis.

IAW/CXB

Dictated by: Ian A. Weissman, M.D.

Electronically verified on 09/14/01 by Fred B. Joseph, M.D.

ULTRASOUND

US THORACENTESIS

09/13/01 2219

US-01-026705

CLINICAL HISTORY: A 79-year-old female with peritoneal mesothelioma and large right pleural effusion with shortness of breath.

FINDINGS: Informed consent was obtained from the patient (PARQ). The pleural effusion was localized under ultrasound guidance, and the area was marked off. The area was sterilely prepared with Betadine. The area was anesthetized with 10 cc 1% Xylocaine. A thoracentesis needle was entered into the pleural fluid. Approximately 1000 cc reddish, serous pleural effusion was withdrawn. The patient tolerated the procedure well. The pleural fluid was sent for cytology, cell count and differential, culture and sensitivity, AFB, and mycoplasma. A postprocedure chest x-ray demonstrates no evidence of a pneumothorax. The patient left the ultrasound suite in a stable condition.

CONTINUED...

Route to:
EMILY K MYERS
19875 SW 65TH
TUALATIN
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Legacy Diagnostic
Services
OR 970629602 MERIDIAN PARK HOSPITAL
TUALATIN OR 97062
(503)692-7402



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COMPUTERIZED TOMOGRAPHY

CT CHEST WITH CONTRAST

09/13/01 2050

CT-01-027307

CLINICAL HISTORY: This is a 79-year-old female with question of a large pleural effusion on the chest radiograph.

TECHNIQUE: Post infusion 7 mm axial collimation from the lung apices through the liver.

FINDINGS: A massive pleural effusion is present in the right hemithorax. This causes compressive atelectasis of the right lower lobe. The bronchi supplying the right lower lobe are narrowed. I am unable to determine whether there is an endobronchial mass within the bronchi. The areated portion of the right upper lobe is clear with no evidence of pulmonary nodules.

The left lung is clear.

There is no evidence of axillary, hilar or mediastinal lymphadenopathy. Within the right lobe of the liver is a 1 x 1 cm low attenuation lesion. It is too small to characterize. The spleen, pancreas and left adrenal gland appear unremarkable. The right adrenal gland is enlarged measuring 2 x 1 cm. A 10 x 2 cm structure is seen at the lateral aspect of the left abdominal wall. It appears to demonstrate some enhancement and is most compatible with omental thickening.

A 15 mm probable exophytic cyst is seen of the posterior aspect of the upper pole of the right kidney.

IMPRESSION:

1. Large right-sided pleural effusion with compressive atelectasis of the right lower lobe. The etiology of this effusion is unclear. The patient will receive a diagnostic and therapeutic thoracentesis.
2. Liver lesion in the posterior segment of the right lobe of the liver of indeterminate etiology.
3. 10 x 2 cm structure along the lateral aspect of the abdominal wall. This is compatible with omental thickening.
4. Small probable exophytic cyst of the upper pole of the right kidney.

IAW/CXB

Dictated by: Ian A. Weissman, M.D.

Electronically verified on 09/15/01 by Ian A. Weissman, M.D.

FILE / EM