OCKHUYSEN, TANYA

4306 27 WILLOWDOWNS DRIVE, KARALEE.

Medicare Number: 4010055473 Birthdate: 18/06/1965 Sex: F

Lab Reference: 3590646 Your Reference:

Laboratory: Exact Radiology

Referred by: Dr SHARYN STIELER Addressee: Dr SHARYN STIELER

XR- CHEST Name of Test:

Reported: 07/11/2024 12:45 Requested: 04/11/2024 Collected: 06/11/2024

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(IPSWICH) EXACT RADIOLOGY

CLINICS PTY LTD

Patient:

IPSWICH (NORTH) RIVERLINK MRS TANYA OCKHUYSEN THE TERRACE and DOWNS ST 27 WILLOWDOWNS DRIVE NORTH IPSWICH QLD 4305 KARALEE QLD 4306

DOB: 18/06/1965 PH: 0732819051 FX: 073281 9403

Referring Doctor: DR SHARYN STIELER WEST MORETON CLINIC 5/15 EAST STREET

Exam ID: 3590646 / MMD Exam Date: 06/11/2024 Report Date: 07/11/2024

IPSWICH QLD 4305

E- DOWNLOAD

Fax: +61738124132

Exam: CHEST X-RAY

Clinical Details:

Cough for 5 weeks. RAT negative. Previous AVR and ascending aorta replacement. Thick white sputum; no wheeze; ankle swelling.

Sternotomy wires are present in keeping with previous mediastinal surgery. An aortic valve replacement is noted. The trachea is central. The cardiothoracic ratio measures 41%.

Peribronchial thickening in the perihilar and lower zones, reflective of bronchitis and scarring. No collapse or consolidation. No pulmonary oedema. No pleural effusion seen nor any pneumothorax.

Degeneration throughout the thoracic spine.

Thank you for referring this patient.

DR MANESH RATANJEE (Electronically Signed)

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