# Row 1041

Visit Number: 9f7d3294858139d4543c0117607d86d49d31fda3d1af0dac3021b0c594b83603

Masked\_PatientID: 1027

Order ID: 49cb5531153c0aec9da52a1119d56529f329b88c7f18c475239d9500dc936ba3

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/1/2017 17:20

Line Num: 1

Text: HISTORY LUL empyema - to asess for progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison with CT thorax dated 19 September 2016. There isa chronic thick walled loculated fluid collection in the upper left hemithorax containing gas locules within. There is nodular thickening and enhancement of the pleura lining at the site of the collection. These findings are stable. There is no significant mass effect on the mediastinal structures. There is no enlarged axillary, mediastinal or hilar lymph node. There is no right pleural effusion. There is atelectasis in the left upper and lower lobes. The airways are patent. There is a 0.4 cm nodule in the right upper lobe (5-34), stable and is nonspecific. Minimal centrilobular nodules in the right apex is largely stable and post inflammatory in nature. No suspicious pulmonary mass. Visualised upper abdomen is grossly unremarkable. The cyst at the upper pole of the left kidney is incompletely imaged. Degenerative bony changes are present. CONCLUSION Chronic loculated thick walled collection in the upper left hemithorax containing gas locules as wellas nodular thickening and enhancement of the pleura lining is largely unchanged, most likely sequelae of previous empyema. There is no significant mass effect on the mediastinal structures. Atelectasis is noted in the left lung. The rest of the other findings are stable. Known / Minor Finalised by: <DOCTOR>

Accession Number: 783f06b1b144a2e083fdbd5d4605da202f37a133e834c5bca03c4b0cfd332a3f

Updated Date Time: 10/1/2017 10:38

## Layman Explanation

This radiology report discusses HISTORY LUL empyema - to asess for progression TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison with CT thorax dated 19 September 2016. There isa chronic thick walled loculated fluid collection in the upper left hemithorax containing gas locules within. There is nodular thickening and enhancement of the pleura lining at the site of the collection. These findings are stable. There is no significant mass effect on the mediastinal structures. There is no enlarged axillary, mediastinal or hilar lymph node. There is no right pleural effusion. There is atelectasis in the left upper and lower lobes. The airways are patent. There is a 0.4 cm nodule in the right upper lobe (5-34), stable and is nonspecific. Minimal centrilobular nodules in the right apex is largely stable and post inflammatory in nature. No suspicious pulmonary mass. Visualised upper abdomen is grossly unremarkable. The cyst at the upper pole of the left kidney is incompletely imaged. Degenerative bony changes are present. CONCLUSION Chronic loculated thick walled collection in the upper left hemithorax containing gas locules as wellas nodular thickening and enhancement of the pleura lining is largely unchanged, most likely sequelae of previous empyema. There is no significant mass effect on the mediastinal structures. Atelectasis is noted in the left lung. The rest of the other findings are stable. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.