# Row 1039

Visit Number: dcebcf2c22a4b160474814e374c25660f2385c4acd632805bb6a191330613add

Masked\_PatientID: 1027

Order ID: 74d451690835ffa15c87f4b3fc42d66a7f570c3dae2f226ddb5608a8aa738bd7

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/9/2016 16:37

Line Num: 1

Text: HISTORY ESRD on HD Previous left empyema S/p VATS Now complaining of hemoptysis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chronic thick walled loculated fluid containing gas is visualised at the left lung apex. There is compressive atelectasis in the adjacent left lung. The visualised airways are patent. There is no right pleural effusion or pericardial effusion. There is no suspicious mass in both lungs. Patchy areas of centrilobular ground-glass opacity in the right upper lobe (5-25, 30, 41) are likely post inflammatory. No enlarged axillary, mediastinum or hilar lymph node. The visualised upper abdomen, there is a cyst at the upper pole of the left kidney which is partially imaged. Contracted gallbladder is noted. There is no bony destruction. CONCLUSION There is chronic loculated thick walled collection with gas at the left lung apex with adjacent compressive atelectasis of the left lung. The visualised airways are patent and this is attributed to sequelae of previous empyema. Some post inflammatory nodule is seen in the right upper lobe. May need further action Finalised by: <DOCTOR>

Accession Number: 897e0b425a3440edfd32f8578c1573d3c419d3984aeacd3dc182c9e7b3499a7d

Updated Date Time: 21/9/2016 10:44

## Layman Explanation

This radiology report discusses HISTORY ESRD on HD Previous left empyema S/p VATS Now complaining of hemoptysis TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Chronic thick walled loculated fluid containing gas is visualised at the left lung apex. There is compressive atelectasis in the adjacent left lung. The visualised airways are patent. There is no right pleural effusion or pericardial effusion. There is no suspicious mass in both lungs. Patchy areas of centrilobular ground-glass opacity in the right upper lobe (5-25, 30, 41) are likely post inflammatory. No enlarged axillary, mediastinum or hilar lymph node. The visualised upper abdomen, there is a cyst at the upper pole of the left kidney which is partially imaged. Contracted gallbladder is noted. There is no bony destruction. CONCLUSION There is chronic loculated thick walled collection with gas at the left lung apex with adjacent compressive atelectasis of the left lung. The visualised airways are patent and this is attributed to sequelae of previous empyema. Some post inflammatory nodule is seen in the right upper lobe. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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