# Row 1288

Visit Number: b0aa095dc7ed9f1a4963ddd630d2b1c4a9b13188193b78bc796f82125e7ea804

Masked\_PatientID: 1282

Order ID: 3b3213ad0a843e5827358de203384479a072d2bebf33c46cf2b638c591446e3d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 10/8/2019 9:50

Line Num: 1

Text: HISTORY haemoptysis TRO NTM lung vs tumour recurrence (b/g SCC lung and NPC) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison is made with the prior examination of 13 June 2019. The current study performed without intravenous contrast renders assessment of the mediastinum and pulmonary parenchyma suboptimal. There is persistent severe fibrosis and volume loss at the left lung that is largely similar in appearance to the prior examination. A large pleural cavity measuring 8.3 x 2.5 cm with fluid within the left hemithorax is present with an increase in the size of this pleural collection. Fluid is currently visualised within this collection suggesting an active process. Bronchiectasis with fibrosis is grossly similar to the prior CT scan with some new evidence of consolidation within the aerated portions of the left upper lobe. A hydropneumothorax is present in the right lung with a right-sided chest drain.Pleural thickening is present within the right lung with areas of peribronchial consolidation within the middle and right lower lobe. Secretions are present in the lower trachea and no overt endobronchial mass is seen. There is evidence of pericardial thickening but no gross pericardial effusion is demonstrated. No gross superior mediastinal lymph node enlargement is seen and the heart size is within normal limits. Surgical emphysema is present in the right hemithorax. Right chest drain has its tip in the right apex. Percutaneous gastrostomy is noted. No overt hepatic or splenic lesion is demonstrated. Focal hyperdensities at the upper pole of the left kidney are presumed due to the presence of hyperdense cyst. The adrenals are unremarkable. CONCLUSION There is fibrotic lung disease with interim development of fluid within the larger loculated pleural collection in the left lung suggesting an acute inflammatory process at this site. There is likely a bronchopleural fistula. Right hydropneumothorax is present. There is patchy consolidation in the a peribronchial area of the right lung particularly the right lower lobe in keeping with infection. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: df40402499dcb44acf6f186dab3f958532e707731e0c4a4cb82be1ca67398746

Updated Date Time: 10/8/2019 11:56

## Layman Explanation

This radiology report discusses HISTORY haemoptysis TRO NTM lung vs tumour recurrence (b/g SCC lung and NPC) TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Nil FINDINGS Comparison is made with the prior examination of 13 June 2019. The current study performed without intravenous contrast renders assessment of the mediastinum and pulmonary parenchyma suboptimal. There is persistent severe fibrosis and volume loss at the left lung that is largely similar in appearance to the prior examination. A large pleural cavity measuring 8.3 x 2.5 cm with fluid within the left hemithorax is present with an increase in the size of this pleural collection. Fluid is currently visualised within this collection suggesting an active process. Bronchiectasis with fibrosis is grossly similar to the prior CT scan with some new evidence of consolidation within the aerated portions of the left upper lobe. A hydropneumothorax is present in the right lung with a right-sided chest drain.Pleural thickening is present within the right lung with areas of peribronchial consolidation within the middle and right lower lobe. Secretions are present in the lower trachea and no overt endobronchial mass is seen. There is evidence of pericardial thickening but no gross pericardial effusion is demonstrated. No gross superior mediastinal lymph node enlargement is seen and the heart size is within normal limits. Surgical emphysema is present in the right hemithorax. Right chest drain has its tip in the right apex. Percutaneous gastrostomy is noted. No overt hepatic or splenic lesion is demonstrated. Focal hyperdensities at the upper pole of the left kidney are presumed due to the presence of hyperdense cyst. The adrenals are unremarkable. CONCLUSION There is fibrotic lung disease with interim development of fluid within the larger loculated pleural collection in the left lung suggesting an acute inflammatory process at this site. There is likely a bronchopleural fistula. Right hydropneumothorax is present. There is patchy consolidation in the a peribronchial area of the right lung particularly the right lower lobe in keeping with infection. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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