# Row 1366

Visit Number: ef47a30eb701045f2be3a4c4e28fab0a17a1fb6b1ed2ed4a3669824a570b7543

Masked\_PatientID: 1360

Order ID: 844601ffb66e9019d2a9e9fe3b57c03fe4c82ada714e9bf7fff5e7e39ddf0f2b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 27/2/2019 8:43

Line Num: 1

Text: HISTORY Partially obscured peripheral density at the left mid zone ? loculated effusion, to better delineate character of effusionnoted since dec 2018 on CXR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS CT of 7 August 2014 was reviewed. Median sternotomy wires and vascular clips are in keeping with previous CABG. AICD device is seen in the left chest wall with the electrode lead traced to the right ventricle apex. The heart is not enlarged. There is no pericardial effusion. There is a moderately large multiloculated left pleural effusion. Dominant locule is at the posterobasal aspect of the left hemithorax and demonstrates pleural thickening and multiple thickened septation. There is associated compressive atelectasis. No suspicious nodule or consolidation seen in the aerated lungs. The central airways are patent. There is no right pleural effusion. Within limits of this unenhanced scan, there is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. No significant abnormality is seen in the included unenhanced abdomen. There is no destructive bony lesion. There is a healing fracture of the right sixth rib. There is diffuse subcutaneous fluid stranding suggestive of anasarca. CONCLUSION There is a moderately large multiloculated left pleural effusion. The dominant locule at the posterobasal aspect demonstrates thickened wall and multiple septations. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: dfefdc73770bb64ca5359e40242aec83845ee5f7ee3aff9f9ba924c7078100ec

Updated Date Time: 27/2/2019 9:23

## Layman Explanation

This radiology report discusses HISTORY Partially obscured peripheral density at the left mid zone ? loculated effusion, to better delineate character of effusionnoted since dec 2018 on CXR TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: FINDINGS CT of 7 August 2014 was reviewed. Median sternotomy wires and vascular clips are in keeping with previous CABG. AICD device is seen in the left chest wall with the electrode lead traced to the right ventricle apex. The heart is not enlarged. There is no pericardial effusion. There is a moderately large multiloculated left pleural effusion. Dominant locule is at the posterobasal aspect of the left hemithorax and demonstrates pleural thickening and multiple thickened septation. There is associated compressive atelectasis. No suspicious nodule or consolidation seen in the aerated lungs. The central airways are patent. There is no right pleural effusion. Within limits of this unenhanced scan, there is no significantly enlarged mediastinal, hilar, supraclavicular or axillary lymph node. No significant abnormality is seen in the included unenhanced abdomen. There is no destructive bony lesion. There is a healing fracture of the right sixth rib. There is diffuse subcutaneous fluid stranding suggestive of anasarca. CONCLUSION There is a moderately large multiloculated left pleural effusion. The dominant locule at the posterobasal aspect demonstrates thickened wall and multiple septations. 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.