# Row 1456

Visit Number: 1012002da371fd45dc1cd7ce4f08d19cb275119bf34cee22ddd11e60677980ae

Masked\_PatientID: 1454

Order ID: 8ebaf890d24efb98a0bea91c4186ae31e1c87d746d65d20e84d236426dc3f35f

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 28/12/2016 20:20

Line Num: 1

Text: HISTORY non resolving pneumonia presented with haemoptysis CXR showed right pleural effusion. bed side USG showed very minimal effusion, unable to proceed with pleural tap TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 11 December 2015. The chest x-ray of 26 December 2016 was reviewed. Most of the opacity seen on the chest x-ray is due to a large left diaphragmatic hernia containing colon and omentum and showing no evidence of incarceration. There is a small left pleural effusion superior to the contents of the hernia. A small left pneumothorax is seen, possibly loculated. There are small patches of ground-glass opacification in the lungs, non-specific in appearance. It may represent early/ resolving infection or alveolar oedema or haemorrhage. The diaphragmatic hernia causes compressive atelectasis of part of the lower lobe of the left lung. A small amount of mucus is seen in the trachea. Limited sections of the upper abdomen show a well-defined 2.7 x 2.6 cm hypodense lesion in the right hepatic lobe, consistent with a cyst. The bones appear unremarkable. CONCLUSION Most of the opacity seen on the recent chest x-ray represents the known left diaphragmatic hernia (? congenital). A small left pleural effusion is seen superior to the contents of the hernia. The lungs show no mass to suggest a primary malignancy. Known / Minor Finalised by: <DOCTOR>

Accession Number: 1517c29ceafcc32aea65ea8d88a28ace607bb0f7778b5ba37d83e08c3b124238

Updated Date Time: 28/12/2016 21:14

## Layman Explanation

This radiology report discusses HISTORY non resolving pneumonia presented with haemoptysis CXR showed right pleural effusion. bed side USG showed very minimal effusion, unable to proceed with pleural tap TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 11 December 2015. The chest x-ray of 26 December 2016 was reviewed. Most of the opacity seen on the chest x-ray is due to a large left diaphragmatic hernia containing colon and omentum and showing no evidence of incarceration. There is a small left pleural effusion superior to the contents of the hernia. A small left pneumothorax is seen, possibly loculated. There are small patches of ground-glass opacification in the lungs, non-specific in appearance. It may represent early/ resolving infection or alveolar oedema or haemorrhage. The diaphragmatic hernia causes compressive atelectasis of part of the lower lobe of the left lung. A small amount of mucus is seen in the trachea. Limited sections of the upper abdomen show a well-defined 2.7 x 2.6 cm hypodense lesion in the right hepatic lobe, consistent with a cyst. The bones appear unremarkable. CONCLUSION Most of the opacity seen on the recent chest x-ray represents the known left diaphragmatic hernia (? congenital). A small left pleural effusion is seen superior to the contents of the hernia. The lungs show no mass to suggest a primary malignancy. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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