# Row 1485

Visit Number: 86b684d2bb88d6c6014a9ced58c3245f5e8c3c4c57a768e37cf51d62f4f541c6

Masked\_PatientID: 1470

Order ID: e7ce502fafa9d988587f0db8e96cd646b4d05d2644f7cf435ff98afc2f7e8529

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/8/2019 12:22

Line Num: 1

Text: HISTORY R pleural effusion with LZ collapse. ?underlying mass vs infection TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 27 May 2016. The CT of 21 April 2018 was reviewed. There is a 7.0 x 5.8 cm mass in the mediastinum on the right side encasing the superior vena cava but not causing significant compression of the vein (series 5 image 45). There are also enlarged lymph nodes in the right supraclavicular region, the largest node measuring 3.3 x 3.2 cm (series 5 image 25). One of these nodes severely compresses the right internal jugular vein. Multiple mildly enlarged lymph nodes are also seen in the left supraclavicularregion. No enlarged lymph node is detected in the axillae. No pulmonary mass is detected. There are thickened interlobular septa in the upper lobe of the right lung, possibly representing lymphatic obstruction or infiltration by tumour. There is a moderate-sized right pleural effusion, appearing loculated. A small left pleural effusion is also identified. There is also a small pericardial effusion. There are calcified lymph nodes in the mediastinum, probably representing the sequela of previous infection. Calcified granulomas are also suggested in the lower lobe of the right lung, which is largely compressed by the pleural effusion. The oesophagus appears unremarkable. The right atrium and ventricle are dilated. Limited sections of the upper abdomen show no abnormality. No skeletal metastasis is identified. There is generalised osteopenia. There is a compression fracture of T11. CONCLUSION There is a mass in the mediastinum. There are enlarged lymphnodes in the supraclavicular regions, larger on the right. There are bilateral pleural effusions, that on the right appearing loculated. The overall appearance is suspicious for malignancy (e.g., lymphoma); suggest histological correlation. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: c57fcfad7d8d64a69dbd9e57b51c4b72d1c2927e7828659d0ee3af872f1a9a18

Updated Date Time: 03/8/2019 12:49

## Layman Explanation

This radiology report discusses HISTORY R pleural effusion with LZ collapse. ?underlying mass vs infection TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 27 May 2016. The CT of 21 April 2018 was reviewed. There is a 7.0 x 5.8 cm mass in the mediastinum on the right side encasing the superior vena cava but not causing significant compression of the vein (series 5 image 45). There are also enlarged lymph nodes in the right supraclavicular region, the largest node measuring 3.3 x 3.2 cm (series 5 image 25). One of these nodes severely compresses the right internal jugular vein. Multiple mildly enlarged lymph nodes are also seen in the left supraclavicularregion. No enlarged lymph node is detected in the axillae. No pulmonary mass is detected. There are thickened interlobular septa in the upper lobe of the right lung, possibly representing lymphatic obstruction or infiltration by tumour. There is a moderate-sized right pleural effusion, appearing loculated. A small left pleural effusion is also identified. There is also a small pericardial effusion. There are calcified lymph nodes in the mediastinum, probably representing the sequela of previous infection. Calcified granulomas are also suggested in the lower lobe of the right lung, which is largely compressed by the pleural effusion. The oesophagus appears unremarkable. The right atrium and ventricle are dilated. Limited sections of the upper abdomen show no abnormality. No skeletal metastasis is identified. There is generalised osteopenia. There is a compression fracture of T11. CONCLUSION There is a mass in the mediastinum. There are enlarged lymphnodes in the supraclavicular regions, larger on the right. There are bilateral pleural effusions, that on the right appearing loculated. The overall appearance is suspicious for malignancy (e.g., lymphoma); suggest histological correlation. 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.