# Row 1646

Visit Number: 4b87f092279635910206c6dc3ea10732f1b288f5e5ad7a8ca2a288b350a323f8

Masked\_PatientID: 1646

Order ID: 99df9032c8764e0dae0903daa79913316deb17395075d61bf8726897c6bef4b0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 19/11/2017 12:07

Line Num: 1

Text: HISTORY Right middle and lower lobe collapse with post obstructive pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The bronchus intermedius is completely occluded, resulting in collapse of the middle lobe and right lower lobe. There are ill-defined hypodense areas within the collapsed middle lobe and lower lobe which appear mass like. Some of the tubular hypodensities are likely to represent secretions within the occluded airways. There is a moderately large right pleural effusion. The right pleura lining appears irregular and nodular. Mild emphysema is noted in the upper lobes. Patchy ground-glass changes in the right upper lobe is likely inflammation. There is a thin sliver of left pleural effusion. No suspicious mass in the left lung. There is mild mediastinal shift to the left. There are enhancing paratracheal, subcarinal and precarinal lymph nodes. Thesubcarinal lymph node measures 1.8 x 1.2 cm (402-46). There is no overtly enlarged hilar lymph node. No enlarged axillary or supraclavicular lymph node. In the visualised upper abdomen, adrenal glands are unremarkable. No focal lesion in the visualised sections of the liver. No aggressive bony lesion. CONCLUSION Occlusion of the bronchus intermedius with resultant collapse of the middle lobe and right lower lobe. Bronchoscopy is warranted to assess for an obstructing primary bronchogenic malignant mass. There are patchy areas of hypodensity within the collapsed lung which appear mass like, suspicious for underlying pulmonary mass. There also likely secretions within the airways in the collapsed lungs. Moderately large right pleural effusion is present with irregularity of the pleura lining. Pleural metastasis should be considered. Abnormal appearing mediastinal lymph nodes are suspicious for nodal metastasis. May need further action Finalised by: <DOCTOR>

Accession Number: ce5c3987e7cf036aac3cca2a9a0eb906dc5b9380f14958f4b5279c385da1ebf3

Updated Date Time: 19/11/2017 12:29

## Layman Explanation

This radiology report discusses HISTORY Right middle and lower lobe collapse with post obstructive pneumonia TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The bronchus intermedius is completely occluded, resulting in collapse of the middle lobe and right lower lobe. There are ill-defined hypodense areas within the collapsed middle lobe and lower lobe which appear mass like. Some of the tubular hypodensities are likely to represent secretions within the occluded airways. There is a moderately large right pleural effusion. The right pleura lining appears irregular and nodular. Mild emphysema is noted in the upper lobes. Patchy ground-glass changes in the right upper lobe is likely inflammation. There is a thin sliver of left pleural effusion. No suspicious mass in the left lung. There is mild mediastinal shift to the left. There are enhancing paratracheal, subcarinal and precarinal lymph nodes. Thesubcarinal lymph node measures 1.8 x 1.2 cm (402-46). There is no overtly enlarged hilar lymph node. No enlarged axillary or supraclavicular lymph node. In the visualised upper abdomen, adrenal glands are unremarkable. No focal lesion in the visualised sections of the liver. No aggressive bony lesion. CONCLUSION Occlusion of the bronchus intermedius with resultant collapse of the middle lobe and right lower lobe. Bronchoscopy is warranted to assess for an obstructing primary bronchogenic malignant mass. There are patchy areas of hypodensity within the collapsed lung which appear mass like, suspicious for underlying pulmonary mass. There also likely secretions within the airways in the collapsed lungs. Moderately large right pleural effusion is present with irregularity of the pleura lining. Pleural metastasis should be considered. Abnormal appearing mediastinal lymph nodes are suspicious for nodal metastasis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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