# Row 193

Visit Number: ff31c3c3c8a0db42962cd0df4fa6b837a8d13811adc1f9cdf3e9599a631f70e3

Masked\_PatientID: 193

Order ID: 08d8ac4c05f813936c84950f2f6bbdfd505c44652ce21c23cee7946b1c59a65b

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/2/2015 11:33

Line Num: 1

Text: HISTORY admitted for massive left pleural effusion, ct chest in august at pte, right upper loads and left a ur TECHNIQUE Scans acquired as per department protocol. Contrast enhanced axial sections of the thorax, abdomen and pelvis were obtained with coronal reconstructions. Intravenous contrast: Optiray 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS No previous study was available for comparison. A right chest drain is seen with its tipwithin the medial aspect of the right lower lobe. Adjacent subcutaneous emphysema is seen along the right lateral chest wall. Right hydropneumothorax is present with consolidation/atelectasis of the adjacent lung. There is irregular, nodular pleural thickening seen in the right hemithorax with associated volume loss. Foci of calcifications are seen along thickening pleura in the right upper lobe. No lung nodule or consolidation is identified in the left lung. No pericardial effusion is noted. The heart size is normal. Enlarged right paratracheal, precarinal and subcarinal lymph nodes are seen measuring up to 1.3 cm in the subcarinal region (Se 80472/41). Some of these lymph nodes show foci of calcifications as well. Subcentimetre hypodensity noted in segment 4a of the liver is too small to be characterised but may represent a small perfusional defect (Se 80675/25). No other focal hepatic lesion is detected. Left renal cysts are visualised. Subcentimetre hypodensities are noted in both kidneys which are too small to be characterised but likely to represent cysts. The pancreas, gallbladder, spleen and both adrenal glands show no significant abnormality. No free intraperitoneal fluid or air is detected. No significant retroperitoneal or pelvic lymphadenopathy is evident. The bowel loops are of normal calibre and configuration. No destructive bony lesion is detected. Degenerative disc disease is seen at the L4/5 and L5/S1 levels. Mildgrade 1 retrolisthesis of L2 on L3 vertebra is noted. CONCLUSION Right chest drain is seen within the pleural cavity draining a right hydropneumothorax. In the right lung, there is irregular nodular pleural thickening with associated calcifications which is suspicious for primary pleural malignancy ie. Mesothelioma. A differential diagnosis of pleural metastases from lung primary should also be considered. Histological diagnosis is suggested. Further action or early intervention required Reported by: <DOCTOR>

Accession Number: 4cc3fd63e618c65909a771a93c21b18cdd8d75b6fd7c98f94ff116d29c754ce9

Updated Date Time: 06/2/2015 15:28

## Layman Explanation

This radiology report discusses HISTORY admitted for massive left pleural effusion, ct chest in august at pte, right upper loads and left a ur TECHNIQUE Scans acquired as per department protocol. Contrast enhanced axial sections of the thorax, abdomen and pelvis were obtained with coronal reconstructions. Intravenous contrast: Optiray 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS No previous study was available for comparison. A right chest drain is seen with its tipwithin the medial aspect of the right lower lobe. Adjacent subcutaneous emphysema is seen along the right lateral chest wall. Right hydropneumothorax is present with consolidation/atelectasis of the adjacent lung. There is irregular, nodular pleural thickening seen in the right hemithorax with associated volume loss. Foci of calcifications are seen along thickening pleura in the right upper lobe. No lung nodule or consolidation is identified in the left lung. No pericardial effusion is noted. The heart size is normal. Enlarged right paratracheal, precarinal and subcarinal lymph nodes are seen measuring up to 1.3 cm in the subcarinal region (Se 80472/41). Some of these lymph nodes show foci of calcifications as well. Subcentimetre hypodensity noted in segment 4a of the liver is too small to be characterised but may represent a small perfusional defect (Se 80675/25). No other focal hepatic lesion is detected. Left renal cysts are visualised. Subcentimetre hypodensities are noted in both kidneys which are too small to be characterised but likely to represent cysts. The pancreas, gallbladder, spleen and both adrenal glands show no significant abnormality. No free intraperitoneal fluid or air is detected. No significant retroperitoneal or pelvic lymphadenopathy is evident. The bowel loops are of normal calibre and configuration. No destructive bony lesion is detected. Degenerative disc disease is seen at the L4/5 and L5/S1 levels. Mildgrade 1 retrolisthesis of L2 on L3 vertebra is noted. CONCLUSION Right chest drain is seen within the pleural cavity draining a right hydropneumothorax. In the right lung, there is irregular nodular pleural thickening with associated calcifications which is suspicious for primary pleural malignancy ie. Mesothelioma. A differential diagnosis of pleural metastases from lung primary should also be considered. Histological diagnosis is suggested. Further action or early intervention required Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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