# Row 3011

Visit Number: 57e335b3e055c284aa8999935f503a2b5f671718448fc9d499e266b9777c2383

Masked\_PatientID: 3002

Order ID: acc4e8764cadb171c6188025ca6acf4cf14b930c15ccc01e0f1335ee6eebc343

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 06/10/2015 11:29

Line Num: 1

Text: HISTORY recurrent left pleural effusion , had drain inserted but still has residual effusion. Discussed with IR Cons Dr. Richard Low, for repeat CT chest with contrast to assess the drain and effusion pockets KIV reposition if possible. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR 0n 5.10.15, US on 1.10.15 and CT scan of 26.9.15. The mediastinal vessels opacify normally. There are tiny mediastinal and axillary lymph nodes, these are not significant by CT size criteria. The heart is enlarged. A trace of pericardial effusion is seen. The tip of the right central catheter is in the right atrium. Sternal sutures are present. The tip of the left percutaneous drainage tube is in the lateral part of the left lower zone. There is a left hydro-pneumothorax with a few scattered small pockets of air. There is collapse consolidation of the left lower lobe may be partly due to the compressive effect of the effusion. There are a few nonspecific areas of ground glass appearance in the aerated left upper lobe. In the right lung, no pleural effusion is seen. There are a few scattered nonspecific areas of ground glass appearance and atelectatic bands in the lung base. The limited sections of the upper abdomen in the arterial phase show unremarkable liver and spleen appearance. There is a tiny gallstone and perirenal stranding. No destructive bony process is seen. CONCLUSION Left hydropneumothorax and percutaneous drainage tube in the left lower zone. Left lower lobe collapse consolidation. Gallstone. Perirenal stranding. May need further action Finalised by: <DOCTOR>

Accession Number: 80a1d88a297b039fdd9ee9b5676068f5a62c57de6d14fcf852d388e57c8193ae

Updated Date Time: 06/10/2015 12:15

## Layman Explanation

This radiology report discusses HISTORY recurrent left pleural effusion , had drain inserted but still has residual effusion. Discussed with IR Cons Dr. Richard Low, for repeat CT chest with contrast to assess the drain and effusion pockets KIV reposition if possible. TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS Comparison made with the CXR 0n 5.10.15, US on 1.10.15 and CT scan of 26.9.15. The mediastinal vessels opacify normally. There are tiny mediastinal and axillary lymph nodes, these are not significant by CT size criteria. The heart is enlarged. A trace of pericardial effusion is seen. The tip of the right central catheter is in the right atrium. Sternal sutures are present. The tip of the left percutaneous drainage tube is in the lateral part of the left lower zone. There is a left hydro-pneumothorax with a few scattered small pockets of air. There is collapse consolidation of the left lower lobe may be partly due to the compressive effect of the effusion. There are a few nonspecific areas of ground glass appearance in the aerated left upper lobe. In the right lung, no pleural effusion is seen. There are a few scattered nonspecific areas of ground glass appearance and atelectatic bands in the lung base. The limited sections of the upper abdomen in the arterial phase show unremarkable liver and spleen appearance. There is a tiny gallstone and perirenal stranding. No destructive bony process is seen. CONCLUSION Left hydropneumothorax and percutaneous drainage tube in the left lower zone. Left lower lobe collapse consolidation. Gallstone. Perirenal stranding. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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