# Row 4631

Visit Number: de39390f569fb0ead976d5de580bfc1d9c5c85433b3816b5e9f5b18d32a9fb43

Masked\_PatientID: 4629

Order ID: fc8d7faf9bf892c1a44f3fbe0a22ddfec1ebe5d57be769959530a7c3eec291d2

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 05/6/2019 10:32

Line Num: 1

Text: HISTORY Persistent right lower zone CAP cx by T1RF s/p HFNC with desaturation and recurrent low-grade fever TRO worsening/effusions TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS The chest radiographs of 4 and 5 June 2019 were noted, along with the earliest available chest radiograph of 31 May 2019. The endotracheal tube tip is about 4.5 cm above the carina. The nasogastric tube tip is at the gastric fundus. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is background atherosclerosis. Heart size is top normal. No pericardial effusion is seen. There is scarring, calcification, traction bronchiectasis and volume loss of the right upper lobe. Patchy predominantly peripheral bilateral consolidation is present, most confluent in the basal segments of the right lower lobe. Scattered ground-glass opacities are also seen, mainly in the middle lobe, lingula and left lower lobe. Retained secretions are seen in the right lower lobe bronchus (501-44). There is a small right pleural effusion. The appearance of the pleural fluid in the anterior and posterior aspect of the right lower hemithorax (502-67) suggests early loculation. A trace amount of left pleural fluid is present. Limited sections of the upper abdomen reveal partially imaged peripheral calcification at the lateral aspect of the spleen, presumably postinflammatory. No destructive bone lesion is seen. Minimally displaced right fourth and fifth rib fractures noted. CONCLUSION Patchy bilateral consolidation, most confluent in the right lower lobe, favouring an infective aetiology. There is a small right pleural effusion with suggestion of early loculation at the dependent aspect. Old scarring, volume loss and traction bronchiectasis of the right upper lobe. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 48bf1bba74280798be9bbc67cd9e5b1d6493b49e2d6d218107d132bf25423bbd

Updated Date Time: 05/6/2019 12:19

## Layman Explanation

This radiology report discusses HISTORY Persistent right lower zone CAP cx by T1RF s/p HFNC with desaturation and recurrent low-grade fever TRO worsening/effusions TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS The chest radiographs of 4 and 5 June 2019 were noted, along with the earliest available chest radiograph of 31 May 2019. The endotracheal tube tip is about 4.5 cm above the carina. The nasogastric tube tip is at the gastric fundus. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is background atherosclerosis. Heart size is top normal. No pericardial effusion is seen. There is scarring, calcification, traction bronchiectasis and volume loss of the right upper lobe. Patchy predominantly peripheral bilateral consolidation is present, most confluent in the basal segments of the right lower lobe. Scattered ground-glass opacities are also seen, mainly in the middle lobe, lingula and left lower lobe. Retained secretions are seen in the right lower lobe bronchus (501-44). There is a small right pleural effusion. The appearance of the pleural fluid in the anterior and posterior aspect of the right lower hemithorax (502-67) suggests early loculation. A trace amount of left pleural fluid is present. Limited sections of the upper abdomen reveal partially imaged peripheral calcification at the lateral aspect of the spleen, presumably postinflammatory. No destructive bone lesion is seen. Minimally displaced right fourth and fifth rib fractures noted. CONCLUSION Patchy bilateral consolidation, most confluent in the right lower lobe, favouring an infective aetiology. There is a small right pleural effusion with suggestion of early loculation at the dependent aspect. Old scarring, volume loss and traction bronchiectasis of the right upper lobe. 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.