# Row 6254

Visit Number: 91c9fa280a7b349aa37f6211f264879f4f890aa28c141354f390979f3b372613

Masked\_PatientID: 6254

Order ID: 5a10ddcee45ec941fe2f0247b4b1e601a15fe74dc44a0aea25759fb396b3b99e

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 06/2/2015 18:42

Line Num: 1

Text: HISTORY new left pleural effusion; ? underlying ILD. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison with a previous study dated 7 February 2006. There are multiple borderline sized lymph nodes in the prevascular, paratracheal, precarinal, aorta pulmonary window and subcarinal region. There also borderline size bilateral hilar lymph nodes. These show long-term stability. Some of the lymph nodes contain central calcification. There is moderate left pleural effusion. Smooth enhancement and thickening of the pleura lining is noted. There is no right pleural effusion or pericardial effusion. There is compressive atelectasis in the left lower lobe. Septal thickening is visualised in the lower lobes of both lungs, worse since the previous study. There is also subpleural interlobular septal thickening in both upper lobes, with some areas of ground-glass change. No suspicious mass in both lungs. No suspicious mass in the liver. The spleen, pancreas, gallbladder and adrenal glands are unremarkable. No hydronephrosis or solid renal mass. There is a tiny nonobstructing caliceal calculus at the lower pole calix of the right kidney. There is no enlarged lymph node in the abdomen or pelvis. Urinary bladder and prostate gland are grossly unremarkable. Bowel loops are of normal calibre. There is no overt bony destruction. CONCLUSION There is moderate left pleural effusion. Smooth enhancement and thickening of the pleura lining is noted. Please correlate with pleural fluid analysis to determine the nature of the fluid, may be related to chronic effusion or infected fluid. There is interstitial lung disease in both lower lobes and upper lobes with some areas of ground-glass change. These changes are worse and may be related to NSIP. The borderline size mediastinal or hilar lymphnodes show long-term stability. There is no enlarged lymph node in the abdomen or pelvis. No sinister pulmonary mass or abnormal mass in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>

Accession Number: c945b89c54a2e7a4971857113ffb83ec9c4593a70ee10646e466df77ed1a92bf

Updated Date Time: 09/2/2015 14:40

## Layman Explanation

This radiology report discusses HISTORY new left pleural effusion; ? underlying ILD. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 80 Positive Rectal Contrast - Volume (ml): FINDINGS Comparison with a previous study dated 7 February 2006. There are multiple borderline sized lymph nodes in the prevascular, paratracheal, precarinal, aorta pulmonary window and subcarinal region. There also borderline size bilateral hilar lymph nodes. These show long-term stability. Some of the lymph nodes contain central calcification. There is moderate left pleural effusion. Smooth enhancement and thickening of the pleura lining is noted. There is no right pleural effusion or pericardial effusion. There is compressive atelectasis in the left lower lobe. Septal thickening is visualised in the lower lobes of both lungs, worse since the previous study. There is also subpleural interlobular septal thickening in both upper lobes, with some areas of ground-glass change. No suspicious mass in both lungs. No suspicious mass in the liver. The spleen, pancreas, gallbladder and adrenal glands are unremarkable. No hydronephrosis or solid renal mass. There is a tiny nonobstructing caliceal calculus at the lower pole calix of the right kidney. There is no enlarged lymph node in the abdomen or pelvis. Urinary bladder and prostate gland are grossly unremarkable. Bowel loops are of normal calibre. There is no overt bony destruction. CONCLUSION There is moderate left pleural effusion. Smooth enhancement and thickening of the pleura lining is noted. Please correlate with pleural fluid analysis to determine the nature of the fluid, may be related to chronic effusion or infected fluid. There is interstitial lung disease in both lower lobes and upper lobes with some areas of ground-glass change. These changes are worse and may be related to NSIP. The borderline size mediastinal or hilar lymphnodes show long-term stability. There is no enlarged lymph node in the abdomen or pelvis. No sinister pulmonary mass or abnormal mass in the abdomen and pelvis. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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