# Row 6312

Visit Number: 871c1d75acf56fdb1deb232b16db582ac2e30bd0be62dd1c2a0c061eceee5fe7

Masked\_PatientID: 6302

Order ID: e22d95772e2fa5ca20aa536057e42fd67c3e4c4e02528203a905daa483608e75

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/10/2019 15:26

Line Num: 1

Text: HISTORY 83 yo AML on chemo, previous NSCLC s/p right lobectomy, chemoRT T1RF 2' right LL collapse TECHNIQUE Unenhanced CT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 22 September 2019. Serialchest radiographs dating from 19 September 2019 are also reviewed. Tip of the endotracheal tube is approximately 2.5 cm above the level of the carina. Tip of the right central venous catheter is within the cavoatrial junction. Tip of the right pleural drainage catheter is within the pleural cavity in the right lung base. Nasogastric tube is partially visualised. Small right pneumothorax is noted with interpleural distance measuring up to 1.5 cm. Previously seen right pleural effusion has resolved with only a sliver of fluid remaining. Small left pleural effusion is noted with adjacent compressive atelectasis. The patient is status post middle lobectomy. There is stable chronic scarring and traction bronchiectasis in the apical segment of the right upper lobe and in the right lower lobe, possibly related to prior radiation therapy. Patchy ill-defined ground-glass opacities scattered in both lungs have increased, with suggestion of faint centrilobular nodularities in the right upper lobe. There is also interval development of patchy consolidation in the posterior basal segment of the right lower lobe. No suspicious dominant pulmonary mass is seen. Heart size is normal. Stable mild mediastinal shift to the right. No pericardial effusion. No enlarged mediastinal lymph node is seen. Stable nonspecific hypodensities in bilateral thyroid lobes. No abnormality is seen within the imaged upper abdomen. No destructive bony lesion is noted. Old right 7th rib fracture. CONCLUSION Right pleural drainage catheter in situ with near complete resolution of right pleural effusion. Small right pneumothorax. Patchy ill-defined ground-glass opacities scattered in both lungs have increased. There is also new patchy consolidation in the right lower lobe with new small left pleural effusion. Findings may be due to infective change. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 940337a7a677c3cc6d8ed2323a8614c45d83dd2561714215ba58949d58d8389b

Updated Date Time: 04/10/2019 16:09

## Layman Explanation

This radiology report discusses HISTORY 83 yo AML on chemo, previous NSCLC s/p right lobectomy, chemoRT T1RF 2' right LL collapse TECHNIQUE Unenhanced CT images of the thorax are obtained. FINDINGS Comparison is made with the previous CT dated 22 September 2019. Serialchest radiographs dating from 19 September 2019 are also reviewed. Tip of the endotracheal tube is approximately 2.5 cm above the level of the carina. Tip of the right central venous catheter is within the cavoatrial junction. Tip of the right pleural drainage catheter is within the pleural cavity in the right lung base. Nasogastric tube is partially visualised. Small right pneumothorax is noted with interpleural distance measuring up to 1.5 cm. Previously seen right pleural effusion has resolved with only a sliver of fluid remaining. Small left pleural effusion is noted with adjacent compressive atelectasis. The patient is status post middle lobectomy. There is stable chronic scarring and traction bronchiectasis in the apical segment of the right upper lobe and in the right lower lobe, possibly related to prior radiation therapy. Patchy ill-defined ground-glass opacities scattered in both lungs have increased, with suggestion of faint centrilobular nodularities in the right upper lobe. There is also interval development of patchy consolidation in the posterior basal segment of the right lower lobe. No suspicious dominant pulmonary mass is seen. Heart size is normal. Stable mild mediastinal shift to the right. No pericardial effusion. No enlarged mediastinal lymph node is seen. Stable nonspecific hypodensities in bilateral thyroid lobes. No abnormality is seen within the imaged upper abdomen. No destructive bony lesion is noted. Old right 7th rib fracture. CONCLUSION Right pleural drainage catheter in situ with near complete resolution of right pleural effusion. Small right pneumothorax. Patchy ill-defined ground-glass opacities scattered in both lungs have increased. There is also new patchy consolidation in the right lower lobe with new small left pleural effusion. Findings may be due to infective change. 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.