# Row 6303

Visit Number: 871c1d75acf56fdb1deb232b16db582ac2e30bd0be62dd1c2a0c061eceee5fe7

Masked\_PatientID: 6302

Order ID: 636dda7d4144a32172e4f1309c6a8fd6162b8910823d8a2e6e65b31dce3ad5ad

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/9/2019 9:01

Line Num: 1

Text: HISTORY right sided pneumonia with increasing pleural effusion b/gnewly Dx AML- due to start chemo TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS Comparison made with the CT thorax of 24 August 2009 (National Cancer Centre). The earliest available CT of 28 February 2002 was also noted. The patient is status post middle lobectomy. There is chronic scarring and traction bronchiectasis in the right upper lobe (apical segment) and right lower lobe (apical and anteriorbasal segments). A well demarcated area of involvement suggests that this may be related to previous radiation therapy. Focal ground-glass opacities are seen in the aerated portions of the right upper lobe (201-42) and right lower lobe (201-65). Smaller scattered nodular ground-glass opacities are also seen in the left upper lobe. No consolidation is detected. There is a small right pleural effusion, larger since the prior CT scan. Although this is an unenhanced study, there is suggestion of right pleural thickening, which favours an exudative aetiology. There is stable mild mediastinal shift to the right. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Bilateral hypodense thyroid nodules are seen, measuring up to 1.2 cm in the right lobe. The included upper abdomen appear grossly unremarkable. Old right 7th rib fracture noted. Focal sclerosis of the posterior aspects of the right 5th to 7th ribs may be from previous radiation therapy. CONCLUSION 1. Status post middle lobectomy. No grossly enlarged lymph node detected. Scarring and traction bronchiectasis of the remnant right lung is presumably due to previous radiation therapy. 2. Ground-glass opacities in both upper and the right lower lobes favour infection in the current clinical context. Small right pleural effusion with pleural thickening, in keeping with an exudative aetiology. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 20b9402454e5b8728d247c8e3654cb00de1df293d49cb8aa4cfd7dd69c1a57f9

Updated Date Time: 22/9/2019 9:38

## Layman Explanation

This radiology report discusses HISTORY right sided pneumonia with increasing pleural effusion b/gnewly Dx AML- due to start chemo TECHNIQUE Unenhanced scans of the thorax obtained. FINDINGS Comparison made with the CT thorax of 24 August 2009 (National Cancer Centre). The earliest available CT of 28 February 2002 was also noted. The patient is status post middle lobectomy. There is chronic scarring and traction bronchiectasis in the right upper lobe (apical segment) and right lower lobe (apical and anteriorbasal segments). A well demarcated area of involvement suggests that this may be related to previous radiation therapy. Focal ground-glass opacities are seen in the aerated portions of the right upper lobe (201-42) and right lower lobe (201-65). Smaller scattered nodular ground-glass opacities are also seen in the left upper lobe. No consolidation is detected. There is a small right pleural effusion, larger since the prior CT scan. Although this is an unenhanced study, there is suggestion of right pleural thickening, which favours an exudative aetiology. There is stable mild mediastinal shift to the right. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Bilateral hypodense thyroid nodules are seen, measuring up to 1.2 cm in the right lobe. The included upper abdomen appear grossly unremarkable. Old right 7th rib fracture noted. Focal sclerosis of the posterior aspects of the right 5th to 7th ribs may be from previous radiation therapy. CONCLUSION 1. Status post middle lobectomy. No grossly enlarged lymph node detected. Scarring and traction bronchiectasis of the remnant right lung is presumably due to previous radiation therapy. 2. Ground-glass opacities in both upper and the right lower lobes favour infection in the current clinical context. Small right pleural effusion with pleural thickening, in keeping with an exudative aetiology. 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.