# Row 6373

Visit Number: 926372f14652ebad3b602c149dd850974bf6dc147d3c2ec7f7987a4cc6ced767

Masked\_PatientID: 6363

Order ID: ff855716b3574b91a3e7628dfcfaea6b910238407a8633393e691d73180a756d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 03/2/2018 16:03

Line Num: 1

Text: HISTORY worsening right lower zone opacity seen on CXR to distinguish between empyema vs pleural effusion vs worsening pneumonia b/g NSCLC with pneumonia TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 3 January 2018. There is a large right pleural effusion, much larger than on the last CT. A small left pleural effusion is also seen. The primary tumour in the right lung is not identified, possibly obscured by compressive atelectasis from the right pleural effusion. The enlarged lymph node in the right paratracheal lesion is larger, now measuring 2.8 x 2.6 cm (series 5 image 25) compared to 2.5 x 2.4 cm before (series 5 image 27). Enlarged lymph nodes in the right pulmonary hilum do not appear to have changed. There is scarring in the upper lobes. There is again a skeletal metastasis to the posterior aspect of the right 6th rib, unchanged from before. The skeletal metastasis to the right pedicle of T8 is also again identified. An epidural component is seen causing mild cord compression. This appears to have improved. A severe compression fracture of T8 is probably pathological in aetiology. Limited sections of the upper abdomen show an enlarged lymph node in the left retroperitoneum, measuring 2.4 x 2.1 cm (series 5 image 95). This is unchanged. A right adrenal nodule measuring 3.1 x 2.4 cm (series 5 image 95) is incompletely imaged but appears unchanged. CONCLUSION There is a large right pleural effusion. The metastatic lymph node in the mediastinum is larger compared to the last CT. The metastasis to the T8 vertebra appears to have improved. The cord compression has also improved. May need further action Finalised by: <DOCTOR>

Accession Number: ecd7a9e6f0ca9dbbf7611e7f08c7b1e1bab98609bb67fe10f24b1d348a9f9212

Updated Date Time: 03/2/2018 16:56

## Layman Explanation

This radiology report discusses HISTORY worsening right lower zone opacity seen on CXR to distinguish between empyema vs pleural effusion vs worsening pneumonia b/g NSCLC with pneumonia TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is made with the CT of 3 January 2018. There is a large right pleural effusion, much larger than on the last CT. A small left pleural effusion is also seen. The primary tumour in the right lung is not identified, possibly obscured by compressive atelectasis from the right pleural effusion. The enlarged lymph node in the right paratracheal lesion is larger, now measuring 2.8 x 2.6 cm (series 5 image 25) compared to 2.5 x 2.4 cm before (series 5 image 27). Enlarged lymph nodes in the right pulmonary hilum do not appear to have changed. There is scarring in the upper lobes. There is again a skeletal metastasis to the posterior aspect of the right 6th rib, unchanged from before. The skeletal metastasis to the right pedicle of T8 is also again identified. An epidural component is seen causing mild cord compression. This appears to have improved. A severe compression fracture of T8 is probably pathological in aetiology. Limited sections of the upper abdomen show an enlarged lymph node in the left retroperitoneum, measuring 2.4 x 2.1 cm (series 5 image 95). This is unchanged. A right adrenal nodule measuring 3.1 x 2.4 cm (series 5 image 95) is incompletely imaged but appears unchanged. CONCLUSION There is a large right pleural effusion. The metastatic lymph node in the mediastinum is larger compared to the last CT. The metastasis to the T8 vertebra appears to have improved. The cord compression has also improved. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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