# Row 6641

Visit Number: 17d8be7ad924c7c7b6c4f53d8f4f24430e91a033f4dfff9aaa6e893587131fa5

Masked\_PatientID: 6641

Order ID: 989d19c35e395f6914ae0e1ea8071537db882c7d3f8c93509299eb313a095f19

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/8/2018 13:21

Line Num: 1

Text: HISTORY fever tro empyema crp300 tw 20 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Loculated right pleural effusion with pleural thickening and enhancement. There is near complete compressive atelectasis/consolidation of the right lower lobe. Consolidation is present in the middle lobe. Mild atelectasis in the right upper lobe. There is no left pleural effusion. There is mild left lower lobe atelectasis. No enlarged axillary or mediastinal lymph node. No significant hilar lymph node. Visualised mediastinal vasculature is largely patent. The visualised upper abdomen is grossly unremarkable. There is no aggressive bony lesion. CONCLUSION Loculated right pleural effusion with pleural thickening and enhancement is suspicious for empyema. There is atelectasis/consolidation in the right lower lobe and middle lobe. No left pleural effusion. No significant mediastinal or hilar lymph node. May need further action Finalised by: <DOCTOR>

Accession Number: 6c79ce2fd52104a59b35521d006771fb06a8cff90a1297496ad79f0f57992b05

Updated Date Time: 08/8/2018 14:34

## Layman Explanation

This radiology report discusses HISTORY fever tro empyema crp300 tw 20 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Loculated right pleural effusion with pleural thickening and enhancement. There is near complete compressive atelectasis/consolidation of the right lower lobe. Consolidation is present in the middle lobe. Mild atelectasis in the right upper lobe. There is no left pleural effusion. There is mild left lower lobe atelectasis. No enlarged axillary or mediastinal lymph node. No significant hilar lymph node. Visualised mediastinal vasculature is largely patent. The visualised upper abdomen is grossly unremarkable. There is no aggressive bony lesion. CONCLUSION Loculated right pleural effusion with pleural thickening and enhancement is suspicious for empyema. There is atelectasis/consolidation in the right lower lobe and middle lobe. No left pleural effusion. No significant mediastinal or hilar lymph node. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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