# Row 6684

Visit Number: b891e794c4d421099bf19368cc5a94b372c597c3e1b1de2d07aa9536296520ff

Masked\_PatientID: 6680

Order ID: 294b3fbe78f79258ca052066bf685d35255ae46501a7a8aff4dbe55feafb0dfc

Order Name: Chest X-ray Decubitus (Specify Side)

Result Item Code: CHE-DEC

Performed Date Time: 09/1/2018 11:08

Line Num: 1

Text: HISTORY . Left Effusion. REPORT CHEST (PA AND LEFT LATERAL DECUBITUS horizontal) TOTAL OF TWO IMAGES There were no previous chest radiographs / chest imaging for review at the time of reporting. The trachea, heart shadow and mediastinum are quite central. The entire left lung appears collapsed. There is pleural thickening on the aspect of the left chest wall. A prominent air-fluid level is seen in the left hemithorax. There are no definite signs of previous surgery to the left hemithorax i.e. left thoracotomy. The aerated parenchyma of the right lung appears unremarkable in comparison. CONCLUSION The absence of aerated parenchyma of the left lung would be compatible with either a total collapse of the left lung or left pneumonectomy. In this case, the left lung appears to be collapsed with an air-fluid level. The air-fluid level may be interpreted as either pleural effusion or hydropneumothorax. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: ff70d742e9cb41a5aa4613b3134cd6a27127e85bc70e2a1c598d561bc3afd12c

Updated Date Time: 11/1/2018 0:01

## Layman Explanation

This radiology report discusses HISTORY . Left Effusion. REPORT CHEST (PA AND LEFT LATERAL DECUBITUS horizontal) TOTAL OF TWO IMAGES There were no previous chest radiographs / chest imaging for review at the time of reporting. The trachea, heart shadow and mediastinum are quite central. The entire left lung appears collapsed. There is pleural thickening on the aspect of the left chest wall. A prominent air-fluid level is seen in the left hemithorax. There are no definite signs of previous surgery to the left hemithorax i.e. left thoracotomy. The aerated parenchyma of the right lung appears unremarkable in comparison. CONCLUSION The absence of aerated parenchyma of the left lung would be compatible with either a total collapse of the left lung or left pneumonectomy. In this case, the left lung appears to be collapsed with an air-fluid level. The air-fluid level may be interpreted as either pleural effusion or hydropneumothorax. Further action or early intervention required Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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