# Row 6899

Visit Number: 14c4a55f257c2f21f318f8d9716f068fab3a368982dd45ee6a29834b3e0a24cb

Masked\_PatientID: 6899

Order ID: b3fa0ed985995d75bfd8d02095ce7c3c94b59ec53b9e11d9b1fba98dbfc6ccd3

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/10/2015 21:12

Line Num: 1

Text: HISTORY worsening moderate right pleural effusion within 2 days a/w right lung consolidation and collapse Empyema KIV CT guided drainage TECHNIQUE Non-contrast enhanced CT thorax was performed. FINDINGS The previous radiograph performed earlier same day was reviewed. There is a large multiloculated right pleural effusion measuring up to approximately 26 HU in density. The largest locule is located posterobasally (se 202-47) measuring 10.4 x 8.8 cm, causing passive atelectasis of the right lower lobe. Further smaller fluid collections are present along the medial and lateral walls (se 202-32) as well as more basally (se 202-25). There is a suggestion of pleural thickening (se 202-57) in keeping with the clinical diagnosis of empyema. No left-sided pleural effusion is present. The left lung and aerated right lung are unremarkable. No pneumothorax is evident. No supraclavicular, axillary or mediastinal lymphadenopathy is evident. The heartis not enlarged. No destructive bony lesion is seen. There is a sclerotic focus in the right sixth rib. The included images of the upper abdomen are unremarkable except for uncomplicated cholelithiasis. CONCLUSION 1. Large loculated right pleural effusion. Pleural thickening in keeping with the clinical diagnosis of empyema. 2. Incidental uncomplicated cholelithiasis. Known / Minor Finalised by: <DOCTOR>

Accession Number: b98d08f4f74449389a2a6b1a835357a11a57d155cc0c4dab7934b826a02f5db7

Updated Date Time: 09/10/2015 22:58

## Layman Explanation

This radiology report discusses HISTORY worsening moderate right pleural effusion within 2 days a/w right lung consolidation and collapse Empyema KIV CT guided drainage TECHNIQUE Non-contrast enhanced CT thorax was performed. FINDINGS The previous radiograph performed earlier same day was reviewed. There is a large multiloculated right pleural effusion measuring up to approximately 26 HU in density. The largest locule is located posterobasally (se 202-47) measuring 10.4 x 8.8 cm, causing passive atelectasis of the right lower lobe. Further smaller fluid collections are present along the medial and lateral walls (se 202-32) as well as more basally (se 202-25). There is a suggestion of pleural thickening (se 202-57) in keeping with the clinical diagnosis of empyema. No left-sided pleural effusion is present. The left lung and aerated right lung are unremarkable. No pneumothorax is evident. No supraclavicular, axillary or mediastinal lymphadenopathy is evident. The heartis not enlarged. No destructive bony lesion is seen. There is a sclerotic focus in the right sixth rib. The included images of the upper abdomen are unremarkable except for uncomplicated cholelithiasis. CONCLUSION 1. Large loculated right pleural effusion. Pleural thickening in keeping with the clinical diagnosis of empyema. 2. Incidental uncomplicated cholelithiasis. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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