# Row 6907

Visit Number: ed55bd563d951731dcc38f95e6b5d82dd6f8e2e77bc92cf7a9d14757a2158656

Masked\_PatientID: 6899

Order ID: 35f540764c1afab341f5c9d273ff71b4f8932e441fa3665412289cce89dcd05d

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 14/8/2018 15:00

Line Num: 1

Text: HISTORY fever likely chest, cxr shows right pleural effusion. b/g of right paranumonic effusion previously. currently unable to wean off oxygen, ?underlying parapneumonic effusion TECHNIQUE Unenhanced scans of the thorax. FINDINGS Comparison made with the CT of 9 October 2015. The chest radiograph of 10 August 2018 was noted. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is borderline cardiomegaly. No pericardial effusion is seen. Mild patchy ground-glass opacities in the right lower lobe basal segments may be attributed to resolving inflammation. Linear atelectasis is seen in the middle lobe and both lower lobes, most prominent in the right lower lobe. No new suspicious pulmonary nodule, mass or consolidation is detected. There is stable tiny subpleural opacity in the left lower lobe (3-70). Mild bilateral bronchial wall thickening is likely inflammatory. The central airways are patent. No pleural effusion is detected. The limited sections of the upper abdomen reveal uncomplicated cholelithiasis. No destructive bone lesion detected. CONCLUSION Mild patchy right lower lobe ground-glass opacities, attributable to resolvinginflammation. No consolidation or pleural effusion detected. Mild atelectasis in both lower lobes, more prominent on the right. Known / Minor Finalised by: <DOCTOR>

Accession Number: 828cebeb6812aeec16a21d518022505d50645317e12fc1127f5d24f593c9a044

Updated Date Time: 14/8/2018 15:33

## Layman Explanation

This radiology report discusses HISTORY fever likely chest, cxr shows right pleural effusion. b/g of right paranumonic effusion previously. currently unable to wean off oxygen, ?underlying parapneumonic effusion TECHNIQUE Unenhanced scans of the thorax. FINDINGS Comparison made with the CT of 9 October 2015. The chest radiograph of 10 August 2018 was noted. No grossly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. There is borderline cardiomegaly. No pericardial effusion is seen. Mild patchy ground-glass opacities in the right lower lobe basal segments may be attributed to resolving inflammation. Linear atelectasis is seen in the middle lobe and both lower lobes, most prominent in the right lower lobe. No new suspicious pulmonary nodule, mass or consolidation is detected. There is stable tiny subpleural opacity in the left lower lobe (3-70). Mild bilateral bronchial wall thickening is likely inflammatory. The central airways are patent. No pleural effusion is detected. The limited sections of the upper abdomen reveal uncomplicated cholelithiasis. No destructive bone lesion detected. CONCLUSION Mild patchy right lower lobe ground-glass opacities, attributable to resolvinginflammation. No consolidation or pleural effusion detected. Mild atelectasis in both lower lobes, more prominent on the right. Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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