# Row 7090

Visit Number: e9b02812b21884ee14e6e19fb17bbc95439d8e629b62b5546995f374de97970f

Masked\_PatientID: 7090

Order ID: d43c0ac563eb0f7eccb3dcc77c50e3cc08c16bad9000b64a9219094b4b9b364c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/8/2015 15:01

Line Num: 1

Text: HISTORY R CAP with effusion, TW 23K - ? empyema, TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. Correlation is made with the radiograph dated 29 Aug 2015. There is a moderate sized, hypodense, right pleural effusion. It has an average attenuation value of 15 HU. No pleural enhancement or nodularity is detected. Resultant passive atelectasis of the right middle and lower lobe is noted. There is a nodular opacity measuring 0.8 x 1.1 cm abutting the pleural near the right oblique fissure. It may be related to atelectasis. Another smaller 0.5 cm nodular density is seen in the anterobasal segment of the right lower lobe. It is indeterminate in nature. No other pulmonary nodules detected. Follow-up scan after pleural drainage is advised. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The thyroid gland is normal in appearance. The limited sections of the upper abdomen in the arterial phase are unremarkable apart from a small amount of perihepatic ascites. . No destructive bony process is seen. CONCLUSION Moderate sized bland right pleural effusion is noted with passive atelectasis of the right mid and lower lobe. Two nodular densities are also seen in the right lower lobe. Pleural drainage and fluid analysis is advised along with a follow-up scan. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 5b19ed3db30a0816c5b430ce1d6954baed4171fe29990385d97b5e67801e5bf0

Updated Date Time: 30/8/2015 15:37

## Layman Explanation

This radiology report discusses HISTORY R CAP with effusion, TW 23K - ? empyema, TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS There are no prior relevant scans available for comparison. Correlation is made with the radiograph dated 29 Aug 2015. There is a moderate sized, hypodense, right pleural effusion. It has an average attenuation value of 15 HU. No pleural enhancement or nodularity is detected. Resultant passive atelectasis of the right middle and lower lobe is noted. There is a nodular opacity measuring 0.8 x 1.1 cm abutting the pleural near the right oblique fissure. It may be related to atelectasis. Another smaller 0.5 cm nodular density is seen in the anterobasal segment of the right lower lobe. It is indeterminate in nature. No other pulmonary nodules detected. Follow-up scan after pleural drainage is advised. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. The heart is normal in size. No pericardial effusion is seen. The thyroid gland is normal in appearance. The limited sections of the upper abdomen in the arterial phase are unremarkable apart from a small amount of perihepatic ascites. . No destructive bony process is seen. CONCLUSION Moderate sized bland right pleural effusion is noted with passive atelectasis of the right mid and lower lobe. Two nodular densities are also seen in the right lower lobe. Pleural drainage and fluid analysis is advised along with a follow-up scan. 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.