# Row 7100

Visit Number: 0a80a5c3c38f41ed15c1bb11ba75bc9d13fa449fedaddfa89c9d96ade06781a9

Masked\_PatientID: 7099

Order ID: 80a09eea7eb1d9e80f2f941dc41e104885566bd277c07b5dc936d0bdc069c567

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 17/5/2017 20:11

Line Num: 1

Text: HISTORY admitted for R CAP persistently febrile today developed new onset right pleuritic CP XR today - worsening consolidation TRO lung abscess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior radiographs dated 13/05/2017 reviewed. A large area of consolidation is noted in the right lower lobe and patchy consolidation in the right upper lobe with small right pleural effusion. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, or supraclavicular lymphadenopathy. Bilateral nonspecific subcentimetre axillary lymph nodes are noted. No evidence of pericardial effusion. The visualised upper abdominal viscera appear unremarkable. There are no destructive bony lesions. CONCLUSION -Consolidation in the right lower lobe and the right upper lobe with small pleural effusion, likely of infective aetiology. No evidence of lung abscess. Follow up is recommended to confirm resolution. May need further action Reported by: <DOCTOR>

Accession Number: 3575274d6cf099f7b35cd4826a8eae4538e8d3bd6dd1120c0aa0ef66f337f940

Updated Date Time: 17/5/2017 20:57

## Layman Explanation

This radiology report discusses HISTORY admitted for R CAP persistently febrile today developed new onset right pleuritic CP XR today - worsening consolidation TRO lung abscess TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior radiographs dated 13/05/2017 reviewed. A large area of consolidation is noted in the right lower lobe and patchy consolidation in the right upper lobe with small right pleural effusion. The mediastinal vasculature appears unremarkable. The trachea and main bronchi are patent. No evidence of mediastinal, hilar, or supraclavicular lymphadenopathy. Bilateral nonspecific subcentimetre axillary lymph nodes are noted. No evidence of pericardial effusion. The visualised upper abdominal viscera appear unremarkable. There are no destructive bony lesions. CONCLUSION -Consolidation in the right lower lobe and the right upper lobe with small pleural effusion, likely of infective aetiology. No evidence of lung abscess. Follow up is recommended to confirm resolution. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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