# Row 7130

Visit Number: 2e5cd174d4bcda1e6e1ccc57472340bc670a1f1e0ae7b2ea9fe7be0a5da92253

Masked\_PatientID: 7128

Order ID: 5342f9cff36d4a9f455b8cac7b1e2333a001b77748b5bd4a37ff2e4693dba000

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/4/2016 18:12

Line Num: 1

Text: HISTORY Frontal brain and right upper lobe abscess on iv rocephin for interval assessment TECHNIQUE Scans acquired as per department protocol. 50ml of Omnipaque 350 given intravenously. FINDINGS Comparison is made with the CTchest of 6 and 30 March 2016. Interval improvement is noted as below, 1. Further decrease of mass-like consolidation, from prior 17 x 10 x 18 mm to now 13 x 5 x 15 mm, at right lung apex, again abutting the mediastinal pleura, with adjacent scarring. 2. Resolution of patch of ground-glass opacification in medial basal right lower lobe 3. Increasing inconspicuity of tiny 2 x 1mm nodule in lateral basal right lower lobe (5-57), less well visualised than before. Stable mildparaseptal emphysematous changes are seen in the apices bilaterally. There is no pleural effusion. There is no enlarged lymph node in the chest. The heart is not enlarged. No pericardial effusion is detected. The tip of the right PICC is at the atriocaval junction. Limited sections of the upper abdomen show a compartmentalised gallbladder with fundal thickening, compatible with adenomyomatosis. Hyperdensities in the fundal compartment may represent stone or sludge. No destructive bone lesion is visualised. CONCLUSION Since last CT of 30/3/2016, 1. Further improvement of mass like consolidation and ground-glass changes in the right lung, in keeping with an inflammatory / infective process. 2. No new or sinisterlesion in the thorax. 3. Other minor findings as detailed. Known / Minor Reported by: <DOCTOR>

Accession Number: a8156e2dad92b90abe4f296168157dc80e61989232961a815a47ada330be3d30

Updated Date Time: 19/4/2016 14:27

## Layman Explanation

This radiology report discusses HISTORY Frontal brain and right upper lobe abscess on iv rocephin for interval assessment TECHNIQUE Scans acquired as per department protocol. 50ml of Omnipaque 350 given intravenously. FINDINGS Comparison is made with the CTchest of 6 and 30 March 2016. Interval improvement is noted as below, 1. Further decrease of mass-like consolidation, from prior 17 x 10 x 18 mm to now 13 x 5 x 15 mm, at right lung apex, again abutting the mediastinal pleura, with adjacent scarring. 2. Resolution of patch of ground-glass opacification in medial basal right lower lobe 3. Increasing inconspicuity of tiny 2 x 1mm nodule in lateral basal right lower lobe (5-57), less well visualised than before. Stable mildparaseptal emphysematous changes are seen in the apices bilaterally. There is no pleural effusion. There is no enlarged lymph node in the chest. The heart is not enlarged. No pericardial effusion is detected. The tip of the right PICC is at the atriocaval junction. Limited sections of the upper abdomen show a compartmentalised gallbladder with fundal thickening, compatible with adenomyomatosis. Hyperdensities in the fundal compartment may represent stone or sludge. No destructive bone lesion is visualised. CONCLUSION Since last CT of 30/3/2016, 1. Further improvement of mass like consolidation and ground-glass changes in the right lung, in keeping with an inflammatory / infective process. 2. No new or sinisterlesion in the thorax. 3. Other minor findings as detailed. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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