# Row 720

Visit Number: b31c306b5fa686e8d9e4102c357bfc45f18e4d4f07fce03b8c952b91bf5104ec

Masked\_PatientID: 720

Order ID: b0e058cd10266cdf83cbc2a43df42d51ba6cded4a33f5fcc16764bbe35eafc10

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 12/4/2017 13:51

Line Num: 1

Text: HISTORY left lower zone consolidation with pleuritic chest pain and parapneumonic effusion ?empyema TECHNIQUE CT chest was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior chest radiograph of 10 April 2017 was reviewed. No comparison CT study was available for review. No suspicious pulmonary mass is seen. Left lower lobe basal posterior segment consolidation may represent an infective aetiology. Left lower lobe basal posterior segment calcific focus is likely a calcified granuloma. Mild to moderate loculated left pleural effusion with passive atelectasis of the left lower lobe, extends to the left major fissure and is of slightly high attenuation and shows minimal smooth pleural thickening. Mild mucous plugging of the lingular bronchus is seen. The major airways are otherwise patent. Prominent aortopulmonary node measuring 1.5 x 0.9 cm (5-39) and prevascular node measuring 1.2 x 0.7 cm (5-36) are likely reactive. Otherwise no enlarged mediastinal or hilar node is detected. Heart is not enlarged. No pericardial effusion is seen. Thyroid is unremarkable. The visualised upper abdomen is unremarkable. Degenerative thoracic dextroscoliosis is seen. Otherwise, no destructive bony lesion is noted. CONCLUSION Left lower lobe consolidation may represent an infective aetiology. Mild to moderate loculated complex left pleural effusion with minimal left pleural thickening. An early empyema cannot be excluded and correlation with pleural fluid analysis is suggested. Likely reactive mediastinal nodes. Other minor findings are as described. Further action or early intervention requiredReported by: <DOCTOR>

Accession Number: 6598c82150fe2b081c318277b9bc0ab75060a8cc5f820f7aff8694fefe4a32c5

Updated Date Time: 12/4/2017 16:48

## Layman Explanation

This radiology report discusses HISTORY left lower zone consolidation with pleuritic chest pain and parapneumonic effusion ?empyema TECHNIQUE CT chest was acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Prior chest radiograph of 10 April 2017 was reviewed. No comparison CT study was available for review. No suspicious pulmonary mass is seen. Left lower lobe basal posterior segment consolidation may represent an infective aetiology. Left lower lobe basal posterior segment calcific focus is likely a calcified granuloma. Mild to moderate loculated left pleural effusion with passive atelectasis of the left lower lobe, extends to the left major fissure and is of slightly high attenuation and shows minimal smooth pleural thickening. Mild mucous plugging of the lingular bronchus is seen. The major airways are otherwise patent. Prominent aortopulmonary node measuring 1.5 x 0.9 cm (5-39) and prevascular node measuring 1.2 x 0.7 cm (5-36) are likely reactive. Otherwise no enlarged mediastinal or hilar node is detected. Heart is not enlarged. No pericardial effusion is seen. Thyroid is unremarkable. The visualised upper abdomen is unremarkable. Degenerative thoracic dextroscoliosis is seen. Otherwise, no destructive bony lesion is noted. CONCLUSION Left lower lobe consolidation may represent an infective aetiology. Mild to moderate loculated complex left pleural effusion with minimal left pleural thickening. An early empyema cannot be excluded and correlation with pleural fluid analysis is suggested. Likely reactive mediastinal nodes. Other minor findings are as described. Further action or early intervention requiredReported by: <DOCTOR>. In simpler terms, this means...

## Summary

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