# Row 723

Visit Number: b31c306b5fa686e8d9e4102c357bfc45f18e4d4f07fce03b8c952b91bf5104ec

Masked\_PatientID: 720

Order ID: 6e6add85ce9f8aa72330b65e3062e5c02522125b06db48d2f1a0ff28d3dbb995

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 18/4/2017 16:00

Line Num: 1

Text: HISTORY parapneumonic effusion, to re-evaluate loculations which appear worse on CXR, despite abx and intrapleural fibrinolytics, and chest drain insertion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The prior CT Chest of 12th April 2017 was reviewed. There has been interval insertion of a left-sided chest drain with the tip in the left lower lobe, just adjacent to the left oblique fissure. Interval new gas locules are seen within the loculated left pleural effusion, probably procedure-related. There is otherwise significant interval reduction in size of the effusion which now measures 2.2cm in thickness compared to 5.6cm before (current Se 402-51 vs. previous Se 5-54). Left lower lobe basal posterior segment consolidation is in keeping with pneumonia. A stable calcific focus in the left lower lobe basal posterior segment is likely a calcified granuloma. The trachea and major airways are patent. Prominent aortopulmonary and prevascular lymph nodes are stable, likely reactive in nature. The heart is not enlarged. No pericardial calcification or pericardial effusion is seen. The appended upper abdomen is unremarkable. Degenerative thoracic dextroscoliosis is again demonstrated. No destructive bony lesion is detected. CONCLUSION 1. Interval insertion of a left-sided chest drain with resultant reduction in size of the loculated left pleural effusion, as detailed. 2. Other findings are stable from the prior CT. Known / Minor Reported by: <DOCTOR>

Accession Number: d209b99495db9ed8052d5e87b7a5ce2781e6c780ab2a1e2f4e1429ccb68b17ab

Updated Date Time: 18/4/2017 17:39

## Layman Explanation

This radiology report discusses HISTORY parapneumonic effusion, to re-evaluate loculations which appear worse on CXR, despite abx and intrapleural fibrinolytics, and chest drain insertion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The prior CT Chest of 12th April 2017 was reviewed. There has been interval insertion of a left-sided chest drain with the tip in the left lower lobe, just adjacent to the left oblique fissure. Interval new gas locules are seen within the loculated left pleural effusion, probably procedure-related. There is otherwise significant interval reduction in size of the effusion which now measures 2.2cm in thickness compared to 5.6cm before (current Se 402-51 vs. previous Se 5-54). Left lower lobe basal posterior segment consolidation is in keeping with pneumonia. A stable calcific focus in the left lower lobe basal posterior segment is likely a calcified granuloma. The trachea and major airways are patent. Prominent aortopulmonary and prevascular lymph nodes are stable, likely reactive in nature. The heart is not enlarged. No pericardial calcification or pericardial effusion is seen. The appended upper abdomen is unremarkable. Degenerative thoracic dextroscoliosis is again demonstrated. No destructive bony lesion is detected. CONCLUSION 1. Interval insertion of a left-sided chest drain with resultant reduction in size of the loculated left pleural effusion, as detailed. 2. Other findings are stable from the prior CT. Known / Minor Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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