# Row 7403

Visit Number: 5eb1b0c7b23b639b7fa1399302828c58390392065234d6bb4bad0d4186c6a9b0

Masked\_PatientID: 7396

Order ID: facce0581e04031d01ba294628d0f4189e2cc7daedb5c159a352d44283196bc0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 26/8/2016 16:26

Line Num: 1

Text: HISTORY left empyema s/p streptokinase injection x 2 for assessmenet TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT dated 18/08/2016 and 17/08/2016 reviewed. The left chest tube is in situ within the left pleural space. There has been significant interval reduction in size of the pleural effusion with residual sliver of loculated pleural effusion in the left upper thorax (4/52). The gaseous component of the hydropneumothorax has increased and there is interval thickening and enhancement of the left pleura, which is in keeping with the history of left empyema. Interval partial reinflation of the left lung is noted. Consolidation-atelectasis is seen in the base of the left upper and lower lobes with possible cavity in the base of the lingual. There is left lung and middle lobe bronchiectasis and peribronchial thickening. A calcified granuloma is seen in theleft lower lobe. No right pleural effusion is seen. The borderline sized, prevascular lymph nodes appear less prominent. The borderline sized, left lower paratracheal lymph node appears stable. These are likely reactive. The previously mentioned right para-oesophageal lesion shows interval reduction in size and appears to be in continuity with the subcarinal nodal station (7/30-26). This may be a confluent lympadenopathy. The left hilar adenopathy is in continuity with the left lung consolidation. The heart is normal in size. No pericardial effusion is seen. There is bilateral gynecomastia. No destructive bone lesion is detected. The included upper abdomen is unremarkable. CONCLUSION -Significant interval reduction in size of the pleural effusion with residual sliver of loculated pleural effusion. -Consolidation-atelectasis in the left lung with possible cavity. Bronchiectasis in the left lung and middle lobe. -Interval reduction in prominence of some of the mediastinal/ hilar lymph nodes. May need further action Reported by: <DOCTOR>

Accession Number: fb5bb61b2a733baffd4c53b7b180b0b8e92827cd6b064fdae18bd0c2673aa184

Updated Date Time: 26/8/2016 17:37

## Layman Explanation

This radiology report discusses HISTORY left empyema s/p streptokinase injection x 2 for assessmenet TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS The previous CT dated 18/08/2016 and 17/08/2016 reviewed. The left chest tube is in situ within the left pleural space. There has been significant interval reduction in size of the pleural effusion with residual sliver of loculated pleural effusion in the left upper thorax (4/52). The gaseous component of the hydropneumothorax has increased and there is interval thickening and enhancement of the left pleura, which is in keeping with the history of left empyema. Interval partial reinflation of the left lung is noted. Consolidation-atelectasis is seen in the base of the left upper and lower lobes with possible cavity in the base of the lingual. There is left lung and middle lobe bronchiectasis and peribronchial thickening. A calcified granuloma is seen in theleft lower lobe. No right pleural effusion is seen. The borderline sized, prevascular lymph nodes appear less prominent. The borderline sized, left lower paratracheal lymph node appears stable. These are likely reactive. The previously mentioned right para-oesophageal lesion shows interval reduction in size and appears to be in continuity with the subcarinal nodal station (7/30-26). This may be a confluent lympadenopathy. The left hilar adenopathy is in continuity with the left lung consolidation. The heart is normal in size. No pericardial effusion is seen. There is bilateral gynecomastia. No destructive bone lesion is detected. The included upper abdomen is unremarkable. CONCLUSION -Significant interval reduction in size of the pleural effusion with residual sliver of loculated pleural effusion. -Consolidation-atelectasis in the left lung with possible cavity. Bronchiectasis in the left lung and middle lobe. -Interval reduction in prominence of some of the mediastinal/ hilar lymph nodes. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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