# Row 7415

Visit Number: a9f8c826bab4f519e7b045c73fdd6c69448677321581bb4d4486016e6a265979

Masked\_PatientID: 7412

Order ID: a7932dc0d09a7e50feef10c119980a19ea01dfde159c7b3a11af61c56c94ea35

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 22/12/2016 11:02

Line Num: 1

Text: HISTORY Haemoptysis, smoker. Recent STEMI. TECHNIQUE CT Chest employing 50ml iohexol 350 was procured and read on its own. FINDINGS There are bilateral dependent upper lobe ground-glass opacities limited by the horizontal fissures. There are also dependent ground-glass opacities in the right lower lobe and bilateral low-density pleural effusions. These features are highly suggestive of ongoing pulmonary oedema (left heart failure). There is no ominous pulmonary mass. There is no suggestion of major, lobar or segmental pulmonary embolism. The heart is enlarged, but there is no pericardial thickening, calcification or effusion. There is coronary atherosclerosis insofar as the right coronary and left anterior descending arteries reveal intimal calcification. There are no significantly enlarged lymph nodes. There is a non-specific, hypodense lesion with calcification in the left lobe of the thyroid gland. The appended upperabdomen is unremarkable. No destructive bony lesion is detected. CONCLUSION Bilateral low-density pleural effusions with bilateral upper lobe dependent ground-glass opacities represent ongoing pulmonary oedema. May need further action Reported by: <DOCTOR>

Accession Number: 7cf4b9b528efbd061970333c12c1aec78c804085b603b228fd5e2f1932e09116

Updated Date Time: 22/12/2016 12:31

## Layman Explanation

This radiology report discusses HISTORY Haemoptysis, smoker. Recent STEMI. TECHNIQUE CT Chest employing 50ml iohexol 350 was procured and read on its own. FINDINGS There are bilateral dependent upper lobe ground-glass opacities limited by the horizontal fissures. There are also dependent ground-glass opacities in the right lower lobe and bilateral low-density pleural effusions. These features are highly suggestive of ongoing pulmonary oedema (left heart failure). There is no ominous pulmonary mass. There is no suggestion of major, lobar or segmental pulmonary embolism. The heart is enlarged, but there is no pericardial thickening, calcification or effusion. There is coronary atherosclerosis insofar as the right coronary and left anterior descending arteries reveal intimal calcification. There are no significantly enlarged lymph nodes. There is a non-specific, hypodense lesion with calcification in the left lobe of the thyroid gland. The appended upperabdomen is unremarkable. No destructive bony lesion is detected. CONCLUSION Bilateral low-density pleural effusions with bilateral upper lobe dependent ground-glass opacities represent ongoing pulmonary oedema. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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