# Row 7649

Visit Number: c4abbf438271b869dc8ed6e885cf4d009884b34f16ec704c94da7a2153e34344

Masked\_PatientID: 7648

Order ID: ecece6a63b716255526f3b5b97cd20bc5ba18e1f49f90891ec48b960a50bb933

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/5/2015 19:48

Line Num: 1

Text: HISTORY chronic cough , LOW, and LOA for 4 months with left pleural effusion , exudative in nature. TRO malignancy TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The chest x-rays of 26 May and 19 January 2015 were reviewed. There is a moderate-sized loculated left pleural effusion showing mild abnormal thickening and enhancement of the pleura, consistent with an exudative effusion. Of note, there is a small pocket of gas within the pleural cavity, suspicious for an empyema. Within the underlying left lung, no pulmonary mass is identified to suggest a primary lung malignancy. There is atelectatic lung adjacent to the effusion. No ¿tree-in-bud¿ nodule is seen to suggest active pulmonary tuberculosis. The right lung shows scarring in its apex. No enlarged lymph node is detected. The left atrium of the heart is dilated. The right-sided cardiac chambers are also dilated. Limited sections of the upper abdomen are unremarkable. The bones show no abnormality. CONCLUSION There is a loculated left pleural effusion showing features that are suspicious for an empyema. No pulmonary mass is seen to suggest a primary malignancy. May need further action Finalised by: <DOCTOR>

Accession Number: 44cae9d5b0781951167547caa21e2398d3c92de8cadd7800046a894b905ad7ca

Updated Date Time: 02/6/2015 10:38

## Layman Explanation

This radiology report discusses HISTORY chronic cough , LOW, and LOA for 4 months with left pleural effusion , exudative in nature. TRO malignancy TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The chest x-rays of 26 May and 19 January 2015 were reviewed. There is a moderate-sized loculated left pleural effusion showing mild abnormal thickening and enhancement of the pleura, consistent with an exudative effusion. Of note, there is a small pocket of gas within the pleural cavity, suspicious for an empyema. Within the underlying left lung, no pulmonary mass is identified to suggest a primary lung malignancy. There is atelectatic lung adjacent to the effusion. No ¿tree-in-bud¿ nodule is seen to suggest active pulmonary tuberculosis. The right lung shows scarring in its apex. No enlarged lymph node is detected. The left atrium of the heart is dilated. The right-sided cardiac chambers are also dilated. Limited sections of the upper abdomen are unremarkable. The bones show no abnormality. CONCLUSION There is a loculated left pleural effusion showing features that are suspicious for an empyema. No pulmonary mass is seen to suggest a primary malignancy. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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