# Row 8115

Visit Number: 3a0358f41f919f15c48cd6ed8f005b629db2d7c9be7ef541dcd4f525434929be

Masked\_PatientID: 8111

Order ID: 95c541a60b8db7ef682fee431528d75fbfe76e63f1335d578c384e2f535a32f0

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 08/7/2015 12:24

Line Num: 1

Text: HISTORY Persistent right pleural effusion TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The previous chest radiographs since 11 June 2015 were reviewed. No prior cross-sectional imaging is available for comparison. A moderate sized right pleural effusion is still present but without obvious pleural nodularity. Passive atelectasis changes are present in medial segmentof the right middle lobe and parts of right lower lobe. A few tiny centrilobular nodules seen in the lateral basal segment of the right lower lobe (series 05-46) likely due to degree of inflammatory/ infective bronchiolitis. a few small calcified granulomas are present in both lungs. The left lung shows normal features, with no pulmonary nodules, consolidation or ground-glass opacity. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Small calcified hilar nodes are present bilaterally. The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable.Lobulated soft tissue in anterior mediastinum is likely slightly hypertrophied thymic tissue. No destructive bony process is seen. CONCLUSION Moderate right pleural effusion without obvious pleural nodularity. A few clustered centrilobular nodules in right lower lobe, likely infective / inflammatory. Few bilateral calcified parenchymal granulomata and tiny calcified hilar nodes. Overall appearances would favour an inflammatory/ infective aetiology. Mycobacterial infection alsoneeds to be excluded. May need further action Reported by: <DOCTOR>

Accession Number: 56add98147b6babb9fb20ed48603c408d1a6b1b54be246ae657ca6d300dd35b5

Updated Date Time: 08/7/2015 17:03

## Layman Explanation

This radiology report discusses HISTORY Persistent right pleural effusion TECHNIQUE Scans of the thorax were acquired after the administration of Intravenous contrast: Omnipaque 350 Contrast volume (ml): 50 FINDINGS The previous chest radiographs since 11 June 2015 were reviewed. No prior cross-sectional imaging is available for comparison. A moderate sized right pleural effusion is still present but without obvious pleural nodularity. Passive atelectasis changes are present in medial segmentof the right middle lobe and parts of right lower lobe. A few tiny centrilobular nodules seen in the lateral basal segment of the right lower lobe (series 05-46) likely due to degree of inflammatory/ infective bronchiolitis. a few small calcified granulomas are present in both lungs. The left lung shows normal features, with no pulmonary nodules, consolidation or ground-glass opacity. The mediastinal vessels opacify normally. No significantly enlarged mediastinal, hilar, axillary or supraclavicular lymph node is detected. Small calcified hilar nodes are present bilaterally. The heart is normal in size. No pericardial effusion is seen. The limited sections of the upper abdomen in the arterial phase are unremarkable.Lobulated soft tissue in anterior mediastinum is likely slightly hypertrophied thymic tissue. No destructive bony process is seen. CONCLUSION Moderate right pleural effusion without obvious pleural nodularity. A few clustered centrilobular nodules in right lower lobe, likely infective / inflammatory. Few bilateral calcified parenchymal granulomata and tiny calcified hilar nodes. Overall appearances would favour an inflammatory/ infective aetiology. Mycobacterial infection alsoneeds to be excluded. May need further action Reported by: <DOCTOR>. In simpler terms, this means...

## Summary

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