# Row 8291

Visit Number: dd744fe043c929058593b1f703a7bf27ecdb2b1feeb46dcd5d2382f17359b3f2

Masked\_PatientID: 8291

Order ID: 9cdf09c377079fcf143db2fcf70b406c8f6f336b6949874e56894daa39278d49

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/11/2019 20:56

Line Num: 1

Text: HISTORY 31yo Male, nil PMH, p/w 1 month intermittent fever with night sweats and new onset R pleural effusion. TRO pleural TB TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is a small loculated right pleural effusion. There are several subcentimetre centrilobular nodules in the lung apices, some showing a tree-in-bud appearance. These are suspicious for active pulmonary tuberculosis. There is compressive atelectasis in the middle and lower lobes of the right lung. Atelectasis is also seen in the left lower lobe. A small pericardial effusion is seen. Limited sections of the upper abdomen show suggestion of peritoneal nodularity in the leftupper quadrant (e.g., series 5 image 97). A well-defined 2.3 x 2.2 cm hypodense lesion is also in the caudate lobe of the liver (series 5 image 102), possibly representing a cyst. The bones appear unremarkable. CONCLUSION There is a small loculated right pleural effusion. There are subcentimetre centrilobular nodules in the lung apices. These findings are suspicious for active pulmonary tuberculosis and TB empyema. Incidentally, there is suggestion of peritoneal nodularity in the abdomen; suggest CT abdomen and pelvis to exclude TB peritonitis. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 1ca8a5a9fa12e1f767cb41df7cd5e559a49b7e28d825205a7798bb59338e7e0a

Updated Date Time: 02/12/2019 11:07

## Layman Explanation

This radiology report discusses HISTORY 31yo Male, nil PMH, p/w 1 month intermittent fever with night sweats and new onset R pleural effusion. TRO pleural TB TECHNIQUE Contrast-enhanced CT of the thorax. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS There is a small loculated right pleural effusion. There are several subcentimetre centrilobular nodules in the lung apices, some showing a tree-in-bud appearance. These are suspicious for active pulmonary tuberculosis. There is compressive atelectasis in the middle and lower lobes of the right lung. Atelectasis is also seen in the left lower lobe. A small pericardial effusion is seen. Limited sections of the upper abdomen show suggestion of peritoneal nodularity in the leftupper quadrant (e.g., series 5 image 97). A well-defined 2.3 x 2.2 cm hypodense lesion is also in the caudate lobe of the liver (series 5 image 102), possibly representing a cyst. The bones appear unremarkable. CONCLUSION There is a small loculated right pleural effusion. There are subcentimetre centrilobular nodules in the lung apices. These findings are suspicious for active pulmonary tuberculosis and TB empyema. Incidentally, there is suggestion of peritoneal nodularity in the abdomen; suggest CT abdomen and pelvis to exclude TB peritonitis. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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