# Row 8673

Visit Number: dd127a5ff18377d02f63a4d96250540788aca34bb5e479d26677b7194aa487b9

Masked\_PatientID: 8669

Order ID: c45081c52fb7c716a37a0076b852fe73214e4846b91229abf8768d49eaae6882

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 23/7/2020 15:35

Line Num: 1

Text: HISTORY CXR There is a right pleural effusion. There also appears to be vague nodular opacity were in the right lower zone. Ill-defined opacity also noted in the right midzone. Scarring seen in the left upper zone. Osteopenia. Scoliosis. For CT further evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT chest of 18/2/2008. Significant improvement of previous large right pleuraleffusion. There is mild pleural thickening or subpleural atelectasis noted in the right lung base. 1. At the inferior aspect of the middle lobe, there is a 19 x 15 x 9 mm nodule (401-68, 405-33) which is new from last CT, and was present on the CXRs of 23/2/2009 and 23/6/2009 as a nodular opacity. This is dense containing specks of calcification. On the coronal lung window, there is converging bronchovascular markings towards this focus with some traction bronchiectasis. 2. A similar crescentic focus measuring 38 x 13 x 26 mm with prominent calcifications is also noted in the posterior aspect of the basal right lower lobe, also showing converging bronchovascular markings with adjacent architectural distortion and tractionbronchiectasis. Overall both of these are likely to represent rounded atelectasis from previous right pleural effusion and pleural disease, with note of pleural calcifications at the lung bases bilaterally (403-74). 3. Another focus of ill-defined opacity over the right mid zone of the CXR corresponds to a loculated effusion along the oblique fissure (405-14). There is also a small amount of pleural calcifications at this location, probably sequel of previous inflammation. A tiny 2 mm nodule with a hint of calcification in the posterior right upper lobe near the fissure (401-38) was not well seen previously likely due to previous large pleural effusion, but probably represent a small granuloma. The previous nodular opacities in the posterior right upper lobe are no longer visualised, and there is focal scarring (401-39) noted in similar location. No lung mass or sinister nodule noted. There is no interval consolidation or patchy ground-glass changes. No interstitial fibrosis or emphysema. Major airways are patent. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. The visualised thyroid is unremarkable. The oesophagus is not thickened. Mediastinal vasculature enhance normally. Ectasia of the ascending aorta measures 33 mm. There is also enlargement of the pulmonary arteries, likely representing pulmonary arterial hypertension. Cardiomegaly noted, with coronary and mitral calcifications. No pericardial effusion. Limited sections of the upper abdomen in arterial phase shows exophytic left renal cysts partially imaged. Degenerative changes in the mid and lower thoracic spine. No destructive bony lesion is seen. CONCLUSION Since last CT of Feb 2008, 1. Interval CXR findings correlate to two foci of rounded atelectasis adjacent to the middle and right lower lobe, as well as a loculated effusion in right oblique fissure, likely sequel of previous large right pleural effusion. 2. No active infective or ominous findings noted. 3. Cardiomegaly noted. Persistently enlarged pulmonary arteries, likely with pulmonary arterial hypertension. 4. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 153bdd4a13614587cec5f483410b50f45583b398c725557ae072fc067713191f

Updated Date Time: 23/7/2020 16:16

## Layman Explanation

This radiology report discusses HISTORY CXR There is a right pleural effusion. There also appears to be vague nodular opacity were in the right lower zone. Ill-defined opacity also noted in the right midzone. Scarring seen in the left upper zone. Osteopenia. Scoliosis. For CT further evaluation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT chest of 18/2/2008. Significant improvement of previous large right pleuraleffusion. There is mild pleural thickening or subpleural atelectasis noted in the right lung base. 1. At the inferior aspect of the middle lobe, there is a 19 x 15 x 9 mm nodule (401-68, 405-33) which is new from last CT, and was present on the CXRs of 23/2/2009 and 23/6/2009 as a nodular opacity. This is dense containing specks of calcification. On the coronal lung window, there is converging bronchovascular markings towards this focus with some traction bronchiectasis. 2. A similar crescentic focus measuring 38 x 13 x 26 mm with prominent calcifications is also noted in the posterior aspect of the basal right lower lobe, also showing converging bronchovascular markings with adjacent architectural distortion and tractionbronchiectasis. Overall both of these are likely to represent rounded atelectasis from previous right pleural effusion and pleural disease, with note of pleural calcifications at the lung bases bilaterally (403-74). 3. Another focus of ill-defined opacity over the right mid zone of the CXR corresponds to a loculated effusion along the oblique fissure (405-14). There is also a small amount of pleural calcifications at this location, probably sequel of previous inflammation. A tiny 2 mm nodule with a hint of calcification in the posterior right upper lobe near the fissure (401-38) was not well seen previously likely due to previous large pleural effusion, but probably represent a small granuloma. The previous nodular opacities in the posterior right upper lobe are no longer visualised, and there is focal scarring (401-39) noted in similar location. No lung mass or sinister nodule noted. There is no interval consolidation or patchy ground-glass changes. No interstitial fibrosis or emphysema. Major airways are patent. No enlarged supraclavicular, axillary, hilar or mediastinal nodes seen. The visualised thyroid is unremarkable. The oesophagus is not thickened. Mediastinal vasculature enhance normally. Ectasia of the ascending aorta measures 33 mm. There is also enlargement of the pulmonary arteries, likely representing pulmonary arterial hypertension. Cardiomegaly noted, with coronary and mitral calcifications. No pericardial effusion. Limited sections of the upper abdomen in arterial phase shows exophytic left renal cysts partially imaged. Degenerative changes in the mid and lower thoracic spine. No destructive bony lesion is seen. CONCLUSION Since last CT of Feb 2008, 1. Interval CXR findings correlate to two foci of rounded atelectasis adjacent to the middle and right lower lobe, as well as a loculated effusion in right oblique fissure, likely sequel of previous large right pleural effusion. 2. No active infective or ominous findings noted. 3. Cardiomegaly noted. Persistently enlarged pulmonary arteries, likely with pulmonary arterial hypertension. 4. Other minor findings as described. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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