# Row 8798

Visit Number: 27aad377a84a7d334a46e99e79954d0fe3389d42b8ae0d61e86b878541bb8cc2

Masked\_PatientID: 8793

Order ID: b414f0db9e75974921d40c0050a94fac38c99e6d5004b015d692d2ff0610071b

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 11/1/2020 10:57

Line Num: 1

Text: HISTORY right effusions/p chest tube ? complicated tro empyema; right chest tube 4/1/2020 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 30 December 2019. Interval insertion of right pleural drainage catheter with the tip coiled at the posterior right pleural space. Interval improvement in right sided pleural effusion. There is small amount of residual pleural fluid measuring mild loculation. Small amount of intra pleural gas is noted (6-40). There is good re-expansion of the right lung.. There is residual mild atelectasis. Stable 4 mm ovoid nodule in the posterior right upper lobe is nonspecific (6-32). No new nodules or consolidation identified. Central airways are grossly patent. Stable mildly enlarged bilateral hilar and right paratracheal nodes these could be reactive. Mediastinal vasculature opacify in a expected fashion. Heart is normal in size. There is no pericardial or left pleural effusion. Stable elevation right hemidiaphragm probably at least partially related to eventration. No adrenal nodule identified. No destructive bony lesion. CONCLUSION Interval insertion of right pleural drainage catheter which is in situ. Right pleural effusion demonstrates significant improvement - small residual hydropneumothorax. No interval consolidation or suspicious nodule. Stable borderline bilateral hilar and right paratracheal adenopathy could be reactive. Report Indicator: Known / Minor Finalised by: <DOCTOR>

Accession Number: 4be7e1d9278ce2ae3475e909c4f53850506f2d175bc90ade0cc3410506865a32

Updated Date Time: 11/1/2020 11:52

## Layman Explanation

This radiology report discusses HISTORY right effusions/p chest tube ? complicated tro empyema; right chest tube 4/1/2020 TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison is done with the previous study dated 30 December 2019. Interval insertion of right pleural drainage catheter with the tip coiled at the posterior right pleural space. Interval improvement in right sided pleural effusion. There is small amount of residual pleural fluid measuring mild loculation. Small amount of intra pleural gas is noted (6-40). There is good re-expansion of the right lung.. There is residual mild atelectasis. Stable 4 mm ovoid nodule in the posterior right upper lobe is nonspecific (6-32). No new nodules or consolidation identified. Central airways are grossly patent. Stable mildly enlarged bilateral hilar and right paratracheal nodes these could be reactive. Mediastinal vasculature opacify in a expected fashion. Heart is normal in size. There is no pericardial or left pleural effusion. Stable elevation right hemidiaphragm probably at least partially related to eventration. No adrenal nodule identified. No destructive bony lesion. CONCLUSION Interval insertion of right pleural drainage catheter which is in situ. Right pleural effusion demonstrates significant improvement - small residual hydropneumothorax. No interval consolidation or suspicious nodule. Stable borderline bilateral hilar and right paratracheal adenopathy could be reactive. Report Indicator: Known / Minor Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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