# Row 8794

Visit Number: 27aad377a84a7d334a46e99e79954d0fe3389d42b8ae0d61e86b878541bb8cc2

Masked\_PatientID: 8793

Order ID: 83bb183d1201fe0cc4bbebb87de3f9c00d6dbf964cfafb9a224331fbd361c854

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 30/12/2019 17:05

Line Num: 1

Text: HISTORY Pleural effusion for invx TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Partly loculated moderate right pleural effusion is noted with mild pleural thickening. Adjacent collapse of most of the right lung lower lobe and middle lobe, likely compressive. A small nonspecific nodular density in the right lung upper lobe (0.5 cm) (series 501, image 31). Left lung is unremarkable. Mildly enlarged paratracheal, subcarinal, bilateral hilar lymph nodes are nonspecific but possibly reactive. A small nodule in the left lobe of the non-enlarged thyroid gland is nonspecific. No destructive bone lesion CONCLUSION Appearances of the right pleural effusion suggests exudative nature. Further workup is advised. The associated adenopathy may be reactive if the aetiology of the pleural effusion is inflammatory. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 421a0e01bd12eb7e2b2a98a5bb555558390c92b44e9a5396a1ed7a5928616396

Updated Date Time: 30/12/2019 17:50

## Layman Explanation

This radiology report discusses HISTORY Pleural effusion for invx TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Partly loculated moderate right pleural effusion is noted with mild pleural thickening. Adjacent collapse of most of the right lung lower lobe and middle lobe, likely compressive. A small nonspecific nodular density in the right lung upper lobe (0.5 cm) (series 501, image 31). Left lung is unremarkable. Mildly enlarged paratracheal, subcarinal, bilateral hilar lymph nodes are nonspecific but possibly reactive. A small nodule in the left lobe of the non-enlarged thyroid gland is nonspecific. No destructive bone lesion CONCLUSION Appearances of the right pleural effusion suggests exudative nature. Further workup is advised. The associated adenopathy may be reactive if the aetiology of the pleural effusion is inflammatory. 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.