# Row 8810

Visit Number: 8c92bbec4f6ec32b9cb8bad89790220a271e1124b82e14348ac7be1c618b18f9

Masked\_PatientID: 8804

Order ID: 8f970852297894961eb2b968cc9b1d6be1a61e364bedbe36eb729905ca8d43df

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 04/10/2018 10:42

Line Num: 1

Text: HISTORY persistent right lower zone pleural effusion/consolidation - to evaluate for loculated pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT abdomen and pelvis of 24/09/2018 was reviewed. The history of interim laparotomy with omental fat repair of perforated gastric ulcer is noted. In the partially imaged abdomen, partially included drainage catheter is seen in the left upper quadrant. In the right subphrenic/perihepatic space, there is persistent fluid, measuring up to 1.6 cm in thickness (of similar thickness since prior CT). In addition, there are several gas locules within this collection, though decreased in amount. Given the appearance of this gas locules, this collection is most likely a multiseptated. A right chest drain is in situ and there is small right pleural effusion. Small amount of partly loculated pleural fluid is seen medially (2.6 x 2.5 x 2.4 cm; image 402/54, 405/35 ). There is atelectasis/consolidation in the adjacent right lower lobe. Small left pleural effusion with compressive/dependent atelectasis is also present. Background centrilobular and paraseptal emphysema is seen, worse in the upper zone. A marginally enlarged subcarinal lymph node (402/40) may be reactive. There are few other prominent but still small volume mediastinal lymph nodes. A few small hepatic hypodense foci are too small for characterisation. No bony destruction is seen. CONCLUSION Right chest drain in situ with small bilateral pleural effusions. A small component of the right pleural effusion is loculated medially. Right lower lobe atelectasis/consolidation. Persistent right subphrenic / perihepatic collection contains fluid and gas. It is probably multiseptated and the imaged component is overall stable in size since preoperative CT. Subcarinal node may be reactive. May need further action Finalised by: <DOCTOR>

Accession Number: 35d92b4511a49828f85de3e22b58d3cd5f838b44c3d870abefff9140570bfb6b

Updated Date Time: 04/10/2018 11:16

## Layman Explanation

This radiology report discusses HISTORY persistent right lower zone pleural effusion/consolidation - to evaluate for loculated pleural effusion TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS CT abdomen and pelvis of 24/09/2018 was reviewed. The history of interim laparotomy with omental fat repair of perforated gastric ulcer is noted. In the partially imaged abdomen, partially included drainage catheter is seen in the left upper quadrant. In the right subphrenic/perihepatic space, there is persistent fluid, measuring up to 1.6 cm in thickness (of similar thickness since prior CT). In addition, there are several gas locules within this collection, though decreased in amount. Given the appearance of this gas locules, this collection is most likely a multiseptated. A right chest drain is in situ and there is small right pleural effusion. Small amount of partly loculated pleural fluid is seen medially (2.6 x 2.5 x 2.4 cm; image 402/54, 405/35 ). There is atelectasis/consolidation in the adjacent right lower lobe. Small left pleural effusion with compressive/dependent atelectasis is also present. Background centrilobular and paraseptal emphysema is seen, worse in the upper zone. A marginally enlarged subcarinal lymph node (402/40) may be reactive. There are few other prominent but still small volume mediastinal lymph nodes. A few small hepatic hypodense foci are too small for characterisation. No bony destruction is seen. CONCLUSION Right chest drain in situ with small bilateral pleural effusions. A small component of the right pleural effusion is loculated medially. Right lower lobe atelectasis/consolidation. Persistent right subphrenic / perihepatic collection contains fluid and gas. It is probably multiseptated and the imaged component is overall stable in size since preoperative CT. Subcarinal node may be reactive. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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