# Row 8935

Visit Number: e36e005a145f53dae62ef4ca5e7d7cefb74da134315ccf4a6d4721b528926086

Masked\_PatientID: 8899

Order ID: 3bb5705ec0787417fe3a7c3ea43407672f74e78f11eaa08a8a5cb359070e2988

Order Name: CT Chest and Abdomen

Result Item Code: CTCHEABD

Performed Date Time: 14/11/2015 12:46

Line Num: 1

Text: HISTORY Large left effusion ? bleeding after lead extraction yesterday. Ascites TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:nil FINDINGS Comparison previous CT dated 13 October 2015. Left ventricular assisted device is in place. The collection inferior to the LVAD pump has resolved. There is a moderately large left pleural effusion which appears loculated. The effusion appears slightly larger since the previous study. There is complete volume loss of the left lower lobe. There is also compressive atelectasis in the left upper lobe. There is small right pleural effusion. Minor atelectasis is visualised in the right lower lobe. The areas of ground-glass change and consolidation in both lungs have resolved. There are multiple small volume paratracheal, precarinal and aorta pulmonary window lymph nodes which are stable and are not significantly enlarged, probably reactive. There also small volume supraclavicular lymph nodes which are stable. Ascites in the abdomen. Irregular liver outline is in keeping with liver cirrhosis. There are small gallstones in the gallbladder. Hypodensity in the body of the pancreas is nonspecific. No contour deforming mass in the spleen, adrenal glands and kidneys. There is no hydronephrosis. Duplicated IVC is noted. Small upper retroperitoneal lymph nodes are not significantly enlarged. There is no overt bony destruction. CONCLUSION Chronic moderately large left pleural effusion which is loculated and is larger since the previous study. There is no obvious evidence of haemothorax. Complete volume loss of the left lower lobe is noted and there is compressive atelectasis of the left upper lobe. The inflammatory changes in both lungs have resolved. Collection inferior to the LVAD pump has also resolved. Ascites in the abdomen. Liver cirrhosis. Other findings are largely stable. May need further action Finalised by: <DOCTOR>

Accession Number: f64f75f14071d04bfb45ea813c1695d01e76c51ddfdba81641d5e49a09195773

Updated Date Time: 14/11/2015 13:29

## Layman Explanation

This radiology report discusses HISTORY Large left effusion ? bleeding after lead extraction yesterday. Ascites TECHNIQUE Scans acquired as per department protocol. Intravenous contrast:nil FINDINGS Comparison previous CT dated 13 October 2015. Left ventricular assisted device is in place. The collection inferior to the LVAD pump has resolved. There is a moderately large left pleural effusion which appears loculated. The effusion appears slightly larger since the previous study. There is complete volume loss of the left lower lobe. There is also compressive atelectasis in the left upper lobe. There is small right pleural effusion. Minor atelectasis is visualised in the right lower lobe. The areas of ground-glass change and consolidation in both lungs have resolved. There are multiple small volume paratracheal, precarinal and aorta pulmonary window lymph nodes which are stable and are not significantly enlarged, probably reactive. There also small volume supraclavicular lymph nodes which are stable. Ascites in the abdomen. Irregular liver outline is in keeping with liver cirrhosis. There are small gallstones in the gallbladder. Hypodensity in the body of the pancreas is nonspecific. No contour deforming mass in the spleen, adrenal glands and kidneys. There is no hydronephrosis. Duplicated IVC is noted. Small upper retroperitoneal lymph nodes are not significantly enlarged. There is no overt bony destruction. CONCLUSION Chronic moderately large left pleural effusion which is loculated and is larger since the previous study. There is no obvious evidence of haemothorax. Complete volume loss of the left lower lobe is noted and there is compressive atelectasis of the left upper lobe. The inflammatory changes in both lungs have resolved. Collection inferior to the LVAD pump has also resolved. Ascites in the abdomen. Liver cirrhosis. Other findings are largely stable. May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

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